

980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	756	8,765	\$ 386,673.67	\$ 44.12	8.944	\$	511.47	\$ 394.56
@PHYSICIANS SERVICES	189	778	\$ 6,735.24	\$ 8.66	.794	\$	35.64	\$ 6.87
OUTPATIENT VISITS	6	9	286.90	31.88	.009		47.82	.29
OFFICE VISITS	6	9	286.90	31.88	.009		47.82	.29
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	1	5	14.64	2.93	.005		14.64	.01
RADIOLOGY	3	6	196.94	32.82	.006		65.65	.20
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	182	758	6,236.76	8.23	.773		34.27	6.36
@PHARMACY	651	3,640	\$ 194,513.15	\$ 53.44	3.714	\$	298.79	\$ 198.48
PRESCRIPTION DRUGS	651	2,596	189,947.94	73.17	2.649		291.78	193.82
SNF/ICF	23	166	23,100.05	139.16	.169		1004.35	23.57
OUTPATIENTS	631	2,430	166,847.89	68.66	2.480		264.42	170.25
MEDICAL SUPPLIES	57	1,044	4,565.21	4.37	1.065		80.09	4.66
@DENTIST	28	105	\$ 3,385.00	\$ 32.24	.107	\$	120.89	\$ 3.45
VISITS - DIAGNOSTIC	19	66	833.00	12.62	.067		43.84	.85
ORAL SURGERY	4	4	300.00	75.00	.004		75.00	.31
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	1	1	.00	.00	.001		.00	.00
ENDODONTICS	2	2	590.00	295.00	.002		295.00	.60
RESTORATIVE DENTISTRY	13	25	1,392.00	55.68	.026		107.08	1.42
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	3	3	270.00	90.00	.003		90.00	.28
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	3	4	.00	.00	.004		.00	.00

980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	34	58	\$ 1,740.95	\$ 30.02	.059	\$ 51.20	\$ 1.78
DIAGNOSTIC AND ANC. PROCED	13	14	304.86	21.78	.014	23.45	.31
EYE APPLIANCES	17	42	1,279.72	30.47	.043	75.28	1.31
OTHER OPTOMETRIC SERVICES	5	2	156.37	78.19	.002	31.27	.16
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	35	48	\$ 498.85	\$ 10.39	.049	\$ 14.25	\$.51
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	35	48	498.85	10.39	.049	14.25	.51
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	44	186	\$ 54,219.08	\$ 291.50	.190	\$ 1232.25	\$ 55.33
HOSP INPATIENT TOTAL	18	111	51,994.03	468.41	.113	2888.56	53.06
HSC HOSPITALS	4	55	38,869.03	706.71	.056	9717.26	39.66
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	14	56	13,125.00	234.38	.057	937.50	13.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	27	75	2,225.05	29.67	.077	82.41	2.27
MEDICAL	2	2	102.23	51.12	.002	51.12	.10
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	12	203.04	16.92	.012	101.52	.21
RADIOLOGY	4	7	571.09	81.58	.007	142.77	.58
ROOM USE	5	7	224.58	32.08	.007	44.92	.23
CROSSOVERS/ALL OTH OUTPTNT	21	47	1,124.11	23.92	.048	53.53	1.15
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	44	186	\$	54,219.08	\$ 291.50	.190	\$ 1232.25	\$ 55.33
COMM HOSP INPATIENT TOTAL	18	111		51,994.03	468.41	.113	2888.56	53.06
HSC HOSPITALS	4	55		38,869.03	706.71	.056	9717.26	39.66
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	14	56		13,125.00	234.38	.057	937.50	13.39
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	27	75		2,225.05	29.67	.077	82.41	2.27
MEDICAL	2	2		102.23	51.12	.002	51.12	.10
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	12		203.04	16.92	.012	101.52	.21
RADIOLOGY	4	7		571.09	81.58	.007	142.77	.58
ROOM USE	5	7		224.58	32.08	.007	44.92	.23
CROSSOVERS/ALL OTH OUTPTNT	21	47		1,124.11	23.92	.048	53.53	1.15
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	28	595	\$	83,429.01	\$ 140.22	.607	\$ 2979.61	\$ 85.13
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	28	595		83,429.01	140.22	.607	2979.61	85.13
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	9	\$	51.75	\$ 5.75	.009	\$ 12.94	\$.05
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	4	9		51.75	5.75	.009	12.94	.05
@ORGANIZED OUTPATIENT CLINIC	111	195	\$	9,999.20	\$ 51.28	.199	\$ 90.08	\$ 10.20
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	1		203.18	203.18	.001	203.18	.21
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	110	194		9,796.02	50.49	.198	89.05	10.00

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - AGED

AID CODE 10

PAGE 644 01/29/04

980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	209	3,151	\$ 32,101.44	\$ 10.19	3.215	\$ 153.60	\$ 32.76
DURABLE MED. EQUIP.	3	4	181.09	45.27	.004	60.36	.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	449.42	449.42	.001	449.42	.46
MEDICAL TRANSPORTATION	22	362	991.43	2.74	.369	45.07	1.01
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	6	69	273.13	3.96	.070	45.52	.28

OTHER SERVICES	16	293	718.30	2.45	.299	44.89	.73
ACUPUNCTURE	9	36	616.35	17.12	.037	68.48	.63
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	73	387	22,492.85	58.12	.395	308.12	22.95
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	42	423.15	10.08	.043	24.89	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.30	.65	.002	1.30	.00
PROSTHETIST/ORTHOTISTS	2	4	177.42	44.36	.004	88.71	.18
PROSTHETICS	2	4	177.42	44.36	.004	88.71	.18
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	3	166.88	55.63	.003	55.63	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	109	2,310	6,601.55	2.86	2.357	60.56	6.74
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	319	1,781	43,038.19	24.17	1.817	134.92	43.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 645
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	71	18,411	\$ 49,077.87	\$ 2.67	242.250	\$ 691.24	\$ 645.76
@PHYSICIANS SERVICES	20	40	\$ 1,271.78	\$ 31.79	.526	\$ 63.59	\$ 16.73
OUTPATIENT VISITS	7	10	303.61	30.36	.132	43.37	3.99
OFFICE VISITS	7	10	303.61	30.36	.132	43.37	3.99
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	9	598.58	66.51	.118	299.29	7.88
HOSPITAL VISITS	2	9	598.58	66.51	.118	299.29	7.88
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.013	46.44	.61
EXAMINATIONS	1	1	46.44	46.44	.013	46.44	.61
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	62.42	62.42	.013	62.42	.82
PRINCIPAL SURGEON	1	1	62.42	62.42	.013	62.42	.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	62.42	62.42	.013	62.42	.82
PRINCIPAL SURGEON	1	1	62.42	62.42	.013	62.42	.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	59.05	59.05	.013	59.05	.78
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	17		139.26		8.19	.224	11.61	1.83
@PHARMACY	70	4,854	\$	16,526.77	\$	3.40	63.868	\$ 236.10	\$ 217.46
PRESCRIPTION DRUGS	65	231		13,804.69		59.76	3.039	212.38	181.64
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	65	231		13,804.69		59.76	3.039	212.38	181.64
MEDICAL SUPPLIES	12	4,623		2,722.08		.59	60.829	226.84	35.82
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 646
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 238.15	\$ 59.54	.053	\$ 119.08	\$ 3.13
DIAGNOSTIC AND ANC. PROCED	1	1	75.11	75.11	.013	75.11	.99
EYE APPLIANCES	2	3	163.04	54.35	.039	81.52	2.15
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	57	\$ 7,152.08	\$ 125.48	.750	\$ 476.81	\$ 94.11
HOSP INPATIENT TOTAL	2	4	5,576.00	1394.00	.053	2788.00	73.37
HSC HOSPITALS	1	4	4,736.00	1184.00	.053	4736.00	62.32
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	11.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	53	1,576.08	29.74	.697	112.58	20.74
MEDICAL	11	16	696.63	43.54	.211	63.33	9.17
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	25	364.30	14.57	.329	40.48	4.79
RADIOLOGY	1	1	189.90	189.90	.013	189.90	2.50
ROOM USE	4	5	193.63	38.73	.066	48.41	2.55
CROSSOVERS/ALL OTH OUTPTNT	3	6	131.62	21.94	.079	43.87	1.73
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 647
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	57	\$ 7,152.08	\$ 125.48	.750	\$ 476.81	\$ 94.11
COMM HOSP INPATIENT TOTAL	2	4	5,576.00	1394.00	.053	2788.00	73.37
HSC HOSPITALS	1	4	4,736.00	1184.00	.053	4736.00	62.32
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	11.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	53	1,576.08	29.74	.697	112.58	20.74
MEDICAL	11	16	696.63	43.54	.211	63.33	9.17
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	25	364.30	14.57	.329	40.48	4.79
RADIOLOGY	1	1	189.90	189.90	.013	189.90	2.50
ROOM USE	4	5	193.63	38.73	.066	48.41	2.55
CROSSOVERS/ALL OTH OUTPTNT	3	6	131.62	21.94	.079	43.87	1.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	14	25	\$ 1,362.13	\$ 54.49	.329	\$ 97.30	\$ 17.92
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	14	25	1,362.13	54.49	.329	97.30	17.92

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 648
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33	13,431	\$ 22,526.96	\$ 1.68	176.724	\$ 682.64	\$ 296.41
DURABLE MED. EQUIP.	6	33	4,895.22	148.34	.434	815.87	64.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	69	518.28	7.51	.908	172.76	6.82
AMBULANCES/AIR TRANS	3	69	518.28	7.51	.908	172.76	6.82
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	9	22	999.46	45.43	.289	111.05	13.15
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	21.99	11.00	.026	21.99	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	35.84	35.84	.013	35.84	.47
PROSTHETICS	1	1	35.84	35.84	.013	35.84	.47
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	7,369	9,597.02	1.30	96.961	3199.01	126.28
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	5,935	6,459.15	1.09	78.092	280.83	84.99
@CALIF. CHILDREN SERVICES*	6	121	\$ 10,642.52	\$ 87.95	1.592	\$ 1773.75	\$ 140.03
@XOVER EXCLUDING STATE HOSP**	14	38	\$ 1,509.23	\$ 39.72	.500	\$ 107.80	\$ 19.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 649
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

5,466 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,373	153,199	\$ 3,348,463.52	\$ 21.86	28.028	\$ 765.71	\$ 612.60
@PHYSICIANS SERVICES	1,391	5,420	\$ 166,267.09	\$ 30.68	.992	\$ 119.53	\$ 30.42
OUTPATIENT VISITS	635	927	30,828.27	33.26	.170	48.55	5.64
OFFICE VISITS	559	795	24,884.64	31.30	.145	44.52	4.55
HOME VISITS	5	6	223.10	37.18	.001	44.62	.04
EMERGENCY ROOM	43	60	3,947.35	65.79	.011	91.80	.72
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	112.00	112.00	.000	112.00	.02
OTHER OUTPATIENT	58	65	1,661.18	25.56	.012	28.64	.30
INPATIENT VISITS	92	332	15,488.89	46.65	.061	168.36	2.83
HOSPITAL VISITS	63	279	12,746.53	45.69	.051	202.33	2.33
CRITICAL CARE	7	11	1,561.71	141.97	.002	223.10	.29
SNF/ICF/TRANS IP CARE	28	42	1,180.65	28.11	.008	42.17	.22
OPHTHALMOLOGICAL SERVICES	11	15	595.81	39.72	.003	54.16	.11
EXAMINATIONS	11	15	595.81	39.72	.003	54.16	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	49	994	40,759.41	41.01	.182	831.82	7.46
PRINCIPAL SURGEON	33	50	32,661.37	653.23	.009	989.74	5.98

ASSISTANT SURGEON	2	2		1,798.57	899.29	.000	899.29	.33	
ANESTHESIOLOGIST	22	942		6,299.47	6.69	.172	286.34	1.15	
OUTPATIENT SURGERY	88	191		16,260.98	85.14	.035	184.78	2.97	
PRINCIPAL SURGEON	75	92		14,069.37	152.93	.017	187.59	2.57	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	14	99		2,191.61	22.14	.018	156.54	.40	
DIALYSIS	13	70		3,470.44	49.58	.013	266.96	.63	
PATHOLOGY	112	386		5,480.67	14.20	.071	48.93	1.00	
RADIOLOGY	362	671		25,227.10	37.60	.123	69.69	4.62	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	24	33		473.14	14.34	.006	19.71	.09	
OTHER SERVICES/ALL X-OVERS	594	1,801		27,682.38	15.37	.329	46.60	5.06	
@PHARMACY	3,751	48,779	\$	1,588,546.28	\$ 32.57	8.924	\$ 423.50	\$ 290.62	
PRESCRIPTION DRUGS	3,717	17,253		1,540,923.40	89.31	3.156	414.56	281.91	
SNF/ICF	54	440		27,752.34	63.07	.080	513.93	5.08	
OUTPATIENTS	3,665	16,813		1,513,171.06	90.00	3.076	412.87	276.83	
MEDICAL SUPPLIES	301	31,526		47,622.88	1.51	5.768	158.22	8.71	
@DENTIST	219	1,004	\$	50,878.90	\$ 50.68	.184	\$ 232.32	\$ 9.31	
VISITS - DIAGNOSTIC	140	589		7,469.90	12.68	.108	53.36	1.37	
ORAL SURGERY	50	97		6,120.00	63.09	.018	122.40	1.12	
DRUGS	1	1		15.00	15.00	.000	15.00	.00	
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.02	
PERIODONTICS	14	18		2,299.00	127.72	.003	164.21	.42	
ENDODONTICS	17	27		6,464.00	239.41	.005	380.24	1.18	
RESTORATIVE DENTISTRY	60	207		16,372.00	79.09	.038	272.87	3.00	
PROSTHETICS	3	3		60.00	20.00	.001	20.00	.01	
DENTURES, STAYPLATES	33	60		11,979.00	199.65	.011	363.00	2.19	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	1		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 650
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED								AID CODE 60

5,466 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	144	347	\$ 7,862.27	\$ 22.66	.063	\$ 54.60	\$ 1.44
DIAGNOSTIC AND ANC. PROCED	77	76	3,100.91	40.80	.014	40.27	.57
EYE APPLIANCES	91	245	4,151.52	16.94	.045	45.62	.76
OTHER OPTOMETRIC SERVICES	22	26	609.84	23.46	.005	27.72	.11
@CHIROPRACTOR	28	40	\$ 630.44	\$ 15.76	.007	\$ 22.52	\$.12
VISITS	21	29	480.70	16.58	.005	22.89	.09
OTHER SERVICES	7	11	149.74	13.61	.002	21.39	.03
@PODIATRIST	52	68	\$ 1,764.44	\$ 25.95	.012	\$ 33.93	\$.32
MEDICINE/INJECTIONS	30	31	1,015.40	32.75	.006	33.85	.19
SURGERY/ANES.	4	5	115.05	23.01	.001	28.76	.02
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.01
OTHER	20	30	599.39	19.98	.005	29.97	.11
@HOME HEALTH AGENCY	26	622	\$ 21,605.20	\$ 34.74	.114	\$ 830.97	\$ 3.95
NURSE ANESTHESIST	4	71	\$ 170.36	\$ 2.40	.013	\$ 42.59	\$.03
NURSE MIDWIFE	3	15	\$ 1,483.17	\$ 98.88	.003	\$ 494.39	\$.27
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	959	7,535	\$ 827,426.36	\$ 109.81	1.379	\$ 862.80	\$ 151.38
HOSP INPATIENT TOTAL	111	487	622,826.06	1278.90	.089	5611.05	113.95
HSC HOSPITALS	29	128	146,530.00	1144.77	.023	5052.76	26.81
NON-HSC HOSPITAL TOTAL	52	219	448,710.88	2048.91	.040	8629.06	82.09
ACCOMMODATIONS	52	219	132,823.30	606.50	.040	2554.29	24.30

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	52	219	132,823.30	606.50	.040	2554.29	24.30
ANCILLARIES	52	0	315,887.58	.00	.000	6074.76	57.79
INPATIENT CROSSOVERS	34	140	27,585.18	197.04	.026	811.33	5.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	893	7,048	204,600.30	29.03	1.289	229.12	37.43
MEDICAL	286	533	25,590.26	48.01	.098	89.48	4.68
SURGERY	52	56	1,862.01	33.25	.010	35.81	.34
PATHOLOGY	445	2,518	26,381.41	10.48	.461	59.28	4.83
RADIOLOGY	280	462	38,183.54	82.65	.085	136.37	6.99
ROOM USE	440	685	28,584.66	41.73	.125	64.97	5.23
CROSSOVERS/ALL OTH OUTPTNT	260	2,794	83,998.42	30.06	.511	323.07	15.37
@COUNTY HOSPITAL TOTAL	18	109	10,810.88	99.18	.020	600.60	1.98
CO HOSPITAL INPATIENT TOTAL	1	8	7,320.00	915.00	.001	7320.00	1.34
HSC HOSPITALS	1	8	7,320.00	915.00	.001	7320.00	1.34

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	101	3,490.88	34.56	.018	205.35	.64
MEDICAL	6	8	185.77	23.22	.001	30.96	.03
SURGERY	2	2	87.01	43.51	.000	43.51	.02
PATHOLOGY	11	51	568.23	11.14	.009	51.66	.10
RADIOLOGY	5	8	1,741.52	217.69	.001	348.30	.32
ROOM USE	10	13	681.68	52.44	.002	68.17	.12
CROSSOVERS/ALL OTH OUTPTNT	8	19	226.67	11.93	.003	28.33	.04

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

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5,466 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	947	7,426	\$ 816,615.48	\$ 109.97	1.359	\$ 862.32	\$ 149.40
COMM HOSP INPATIENT TOTAL	110	479	615,506.06	1284.98	.088	5595.51	112.61
HSC HOSPITALS	28	120	139,210.00	1160.08	.022	4971.79	25.47
NON-HSC HOSPITALS TOTAL	52	219	448,710.88	2048.91	.040	8629.06	82.09
ACCOMMODATIONS	52	219	132,823.30	606.50	.040	2554.29	24.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	52	219	132,823.30	606.50	.040	2554.29	24.30
ANCILLARIES	52	0	315,887.58	.00	.000	6074.76	57.79
INPATIENT CROSSOVERS	34	140	27,585.18	197.04	.026	811.33	5.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	882	6,947	201,109.42	28.95	1.271	228.02	36.79
MEDICAL	283	525	25,404.49	48.39	.096	89.77	4.65
SURGERY	50	54	1,775.00	32.87	.010	35.50	.32
PATHOLOGY	436	2,467	25,813.18	10.46	.451	59.20	4.72
RADIOLOGY	276	454	36,442.02	80.27	.083	132.04	6.67
ROOM USE	435	672	27,902.98	41.52	.123	64.14	5.10
CROSSOVERS/ALL OTH OUTPTNT	256	2,775	83,771.75	30.19	.508	327.23	15.33
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	52	1,514	\$ 199,295.84	\$ 131.64	.277	\$ 3832.61	\$ 36.46
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	52	1,514	199,295.84	131.64	.277	3832.61	36.46
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	23	312	\$ 40,030.61	\$ 128.30	.057	\$ 1740.46	\$ 7.32
HOSPITAL BASED	12	138	26,794.36	194.16	.025	2232.86	4.90
HEMODIALYSIS CENTER	11	174	13,236.25	76.07	.032	1203.30	2.42
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	165	915	\$ 12,104.78	\$ 13.23	.167	\$ 73.36	\$ 2.21

PATHOLOGY	154	893		12,034.80		13.48	.163	78.15	2.20
XO AND OTHERS	11	22		69.98		3.18	.004	6.36	.01
@ORGANIZED OUTPATIENT CLINIC	903	1,417	\$	190,310.49	\$	134.31	.259	\$ 210.75	\$ 34.82
CLINIC	15	34		962.40		28.31	.006	64.16	.18
SURGICENTER	5	19		723.26		38.07	.003	144.65	.13
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	885	1,364		188,624.83		138.29	.250	213.14	34.51

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 652
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

5,466 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	742	85,140	\$ 240,087.29	\$ 2.82	15.576	\$ 323.57	\$ 43.92
DURABLE MED. EQUIP.	89	350	52,035.59	148.67	.064	584.67	9.52
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	137	7,402	31,407.65	4.24	1.354	229.25	5.75
AMBULANCES/AIR TRANS	104	1,387	16,999.50	12.26	.254	163.46	3.11
OTHER TRANS	18	5,541	13,319.19	2.40	1.014	739.96	2.44
OTHER SERVICES	21	474	1,088.96	2.30	.087	51.86	.20
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	42	2,187	66,723.13	30.51	.400	1588.65	12.21
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	93	201	2,329.12	11.59	.037	25.04	.43
PHYSICAL THERAPIST	1	3	12.03	4.01	.001	12.03	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	14	53	11,525.55	217.46	.010	823.25	2.11
PROSTHETICS	7	46	11,158.46	242.58	.008	1594.07	2.04
ORTHOTICS	7	7	367.09	52.44	.001	52.44	.07
PSYCHOLOGIST	1	1	.33	.33	.000	.33	.00
SPEECH AND AUDIOLOGY	29	77	2,961.26	38.46	.014	102.11	.54
HOSPICE SERVICES	3	42	4,813.16	114.60	.008	1604.39	.88
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	98	8,051	39,078.20	4.85	1.473	398.76	7.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	302	66,773	29,201.27	.44	12.216	96.69	5.34
@CALIF. CHILDREN SERVICES*	60	12,459	\$ 57,966.65	\$ 4.65	2.279	\$ 966.11	\$ 10.60
@XOVER EXCLUDING STATE HOSP**	654	9,099	\$ 79,992.26	\$ 8.79	1.665	\$ 122.31	\$ 14.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 653
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

6,922 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,704	19,399	\$ 1,335,141.44	\$ 68.83	2.803	\$ 360.46	\$ 192.88
@PHYSICIANS SERVICES	984	2,566	\$ 129,449.54	\$ 50.45	.371	\$ 131.55	\$ 18.70
OUTPATIENT VISITS	581	757	28,415.42	37.54	.109	48.91	4.11
OFFICE VISITS	484	618	20,271.23	32.80	.089	41.88	2.93
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	55	56	2,821.62	50.39	.008	51.30	.41
PREVENTIVE CARE	2	2	71.89	35.95	.000	35.95	.01
OB VISITS/COMPRE PERI	39	59	4,695.92	79.59	.009	120.41	.68

OTHER OUTPATIENT	20	22		554.76	25.22	.003	27.74	.08
INPATIENT VISITS	59	225		20,125.46	89.45	.033	341.11	2.91
HOSPITAL VISITS	54	115		5,610.45	48.79	.017	103.90	.81
CRITICAL CARE	9	110		14,515.01	131.95	.016	1612.78	2.10
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	14		549.13	39.22	.002	54.91	.08
EXAMINATIONS	10	14		549.13	39.22	.002	54.91	.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	56	409		37,219.52	91.00	.059	664.63	5.38
PRINCIPAL SURGEON	40	51		29,494.91	578.33	.007	737.37	4.26
ASSISTANT SURGEON	12	12		2,863.77	238.65	.002	238.65	.41
ANESTHESIOLOGIST	22	346		4,860.84	14.05	.050	220.95	.70
OUTPATIENT SURGERY	73	260		15,877.46	61.07	.038	217.50	2.29
PRINCIPAL SURGEON	58	71		12,012.85	169.20	.010	207.12	1.74
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	23	189		3,864.61	20.45	.027	168.03	.56
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	82	121		2,264.35	18.71	.017	27.61	.33
RADIOLOGY	342	505		10,939.37	21.66	.073	31.99	1.58
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	16	30		626.27	20.88	.004	39.14	.09
OTHER SERVICES/ALL X-OVERS	101	245		13,432.56	54.83	.035	133.00	1.94
@PHARMACY	1,919	4,948	\$	242,783.73	\$ 49.07	.715	\$ 126.52	\$ 35.07
PRESCRIPTION DRUGS	1,910	4,819		241,882.92	50.19	.696	126.64	34.94
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1,910	4,819		241,882.92	50.19	.696	126.64	34.94
MEDICAL SUPPLIES	23	129		900.81	6.98	.019	39.17	.13
@DENTIST	230	1,382	\$	52,616.35	\$ 38.07	.200	\$ 228.77	\$ 7.60
VISITS - DIAGNOSTIC	168	817		11,896.10	14.56	.118	70.81	1.72
ORAL SURGERY	40	156		10,139.00	64.99	.023	253.48	1.46
DRUGS	12	12		175.00	14.58	.002	14.58	.03
ANESTHESIA	5	5		500.00	100.00	.001	100.00	.07
PERIODONTICS	4	4		655.00	163.75	.001	163.75	.09
ENDODONTICS	30	71		7,961.00	112.13	.010	265.37	1.15
RESTORATIVE DENTISTRY	87	275		17,209.25	62.58	.040	197.81	2.49
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	22		2,553.00	116.05	.003	283.67	.37
SPACE MAINTAINERS	4	6		573.00	95.50	.001	143.25	.08
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3		755.00	251.67	.000	251.67	.11
ALL OTHER SERVICES	9	10		150.00	15.00	.001	16.67	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
AMADOR COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G							

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6,922 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	97	225	\$ 5,603.10	\$ 24.90	.033	\$ 57.76	\$.81
DIAGNOSTIC AND ANC. PROCED	70	71	3,211.93	45.24	.010	45.88	.46
EYE APPLIANCES	50	142	2,208.56	15.55	.021	44.17	.32
OTHER OPTOMETRIC SERVICES	12	12	182.61	15.22	.002	15.22	.03
@CHIROPRACTOR	13	16	\$ 263.34	\$ 16.46	.002	\$ 20.26	\$.04
VISITS	13	16	263.34	16.46	.002	20.26	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	7	10	\$ 348.88	\$ 34.89	.001	\$ 49.84	\$.05
MEDICINE/INJECTIONS	5	6	222.40	37.07	.001	44.48	.03
SURGERY/ANES.	3	4	126.48	31.62	.001	42.16	.02
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	6	24	\$	1,572.99	\$	65.54	.003	\$	262.17	\$	.23
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1,094	4,560	\$	601,859.61	\$	131.99	.659	\$	550.15	\$	86.95
HOSP INPATIENT TOTAL	59	328		472,253.40		1439.80	.047		8004.29		68.22
HSC HOSPITALS	24	194		246,978.05		1273.08	.028		10290.75		35.68
NON-HSC HOSPITAL TOTAL	38	134		225,275.35		1681.16	.019		5928.30		32.54
ACCOMMODATIONS	38	134		67,385.68		502.88	.019		1773.31		9.74
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.07
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	37	132		66,923.08		506.99	.019		1808.73		9.67
ANCILLARIES	37	0		157,889.67		.00	.000		4267.29		22.81
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,063	4,232		129,606.21		30.63	.611		121.92		18.72
MEDICAL	654	1,009		45,866.84		45.46	.146		70.13		6.63
SURGERY	31	36		1,572.18		43.67	.005		50.72		.23
PATHOLOGY	352	1,217		14,254.07		11.71	.176		40.49		2.06
RADIOLOGY	294	406		22,933.28		56.49	.059		78.00		3.31
ROOM USE	679	935		36,269.58		38.79	.135		53.42		5.24
CROSSOVERS/ALL OTH OUTPTNT	310	629		8,710.26		13.85	.091		28.10		1.26
@COUNTY HOSPITAL TOTAL	15	65	\$	1,865.57	\$	28.70	.009	\$	124.37	\$	.27
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	15	65		1,865.57		28.70	.009		124.37		.27
MEDICAL	9	10		255.91		25.59	.001		28.43		.04
SURGERY	2	4		178.86		44.72	.001		89.43		.03
PATHOLOGY	5	18		246.90		13.72	.003		49.38		.04
RADIOLOGY	4	4		130.10		32.53	.001		32.53		.02
ROOM USE	15	18		753.14		41.84	.003		50.21		.11
CROSSOVERS/ALL OTH OUTPTNT	5	11		300.66		27.33	.002		60.13		.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 655
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G 01/29/04

						----- MONTHLY AVERAGE -----		
6,922 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,082	4,495	\$ 599,994.04	\$ 133.48	.649	\$ 554.52	\$ 86.68	
COMM HOSP INPATIENT TOTAL	59	328	472,253.40	1439.80	.047	8004.29	68.22	
HSC HOSPITALS	24	194	246,978.05	1273.08	.028	10290.75	35.68	
NON-HSC HOSPITALS TOTAL	38	134	225,275.35	1681.16	.019	5928.30	32.54	
ACCOMMODATIONS	38	134	67,385.68	502.88	.019	1773.31	9.74	
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.07	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	37	132	66,923.08	506.99	.019	1808.73	9.67	
ANCILLARIES	37	0	157,889.67	.00	.000	4267.29	22.81	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,051	4,167	127,740.64	30.66	.602	121.54	18.45	
MEDICAL	646	999	45,610.93	45.66	.144	70.61	6.59	

SURGERY	29	32		1,393.32		43.54	.005	48.05	.20
PATHOLOGY	348	1,199		14,007.17		11.68	.173	40.25	2.02
RADIOLOGY	291	402		22,803.18		56.72	.058	78.36	3.29
ROOM USE	666	917		35,516.44		38.73	.132	53.33	5.13
CROSSOVERS/ALL OTH OUTPTNT	305	618		8,409.60		13.61	.089	27.57	1.21
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	8	\$ 156.88	\$ 19.61	.001	\$ 156.88	\$.02
HOSPITAL BASED	1	8	156.88	19.61	.001	156.88	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	147	457	\$ 7,693.67	\$ 16.84	.066	\$ 52.34	\$ 1.11
PATHOLOGY	147	457	7,693.67	16.84	.066	52.34	1.11
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	976	1,455	\$ 247,184.03	\$ 169.89	.210	\$ 253.26	\$ 35.71
CLINIC	12	29	740.46	25.53	.004	61.71	.11
SURGICENTER	9	71	2,220.81	31.28	.010	246.76	.32
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	957	1,355	244,222.76	180.24	.196	255.20	35.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 656
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

6,922 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	494	3,748	\$ 45,609.32	\$ 12.17	.541	\$ 92.33	\$ 6.59
DURABLE MED. EQUIP.	18	25	1,722.05	68.88	.004	95.67	.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	669.28	669.28	.000	669.28	.10
MEDICAL TRANSPORTATION	72	1,009	16,828.68	16.68	.146	233.73	2.43
AMBULANCES/AIR TRANS	72	1,006	11,428.68	11.36	.145	158.73	1.65
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	3	5,400.00	1800.00	.000	2700.00	.78
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9	895.00	99.44	.001	99.44	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	56	119	1,158.60	9.74	.017	20.69	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	25	2,924.92	117.00	.004	487.49	.42
PROSTHETICS	3	22	2,717.26	123.51	.003	905.75	.39
ORTHOTICS	3	3	207.66	69.22	.000	69.22	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	333	2,260	21,199.99	9.38	.326	63.66	3.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	300	210.80	.70	.043	105.40	.03
@CALIF. CHILDREN SERVICES*	19	1,376	\$ 144,015.20	\$ 104.66	.199	\$ 7579.75	\$ 20.81
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 657
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AMADOR COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL	

----- MONTHLY AVERAGE -----

13,444 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,904	199,774	\$ 5,119,356.50	\$ 25.63	14.860	\$ 574.95	\$ 380.79
@PHYSICIANS SERVICES	2,584	8,804	\$ 303,723.65	\$ 34.50	.655	\$ 117.54	\$ 22.59
OUTPATIENT VISITS	1,229	1,703	59,834.20	35.13	.127	48.69	4.45
OFFICE VISITS	1,056	1,432	45,746.38	31.95	.107	43.32	3.40
HOME VISITS	5	6	223.10	37.18	.000	44.62	.02
EMERGENCY ROOM	98	116	6,768.97	58.35	.009	69.07	.50
PREVENTIVE CARE	2	2	71.89	35.95	.000	35.95	.01
OB VISITS/COMPRE PERI	40	60	4,807.92	80.13	.004	120.20	.36
OTHER OUTPATIENT	78	87	2,215.94	25.47	.006	28.41	.16
INPATIENT VISITS	153	566	36,212.93	63.98	.042	236.69	2.69
HOSPITAL VISITS	119	403	18,955.56	47.04	.030	159.29	1.41
CRITICAL CARE	16	121	16,076.72	132.87	.009	1004.80	1.20
SNF/ICF/TRANS IP CARE	28	42	1,180.65	28.11	.003	42.17	.09
OPHTHALMOLOGICAL SERVICES	22	30	1,191.38	39.71	.002	54.15	.09
EXAMINATIONS	22	30	1,191.38	39.71	.002	54.15	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	106	1,404	78,041.35	55.59	.104	736.24	5.80
PRINCIPAL SURGEON	74	102	62,218.70	609.99	.008	840.79	4.63
ASSISTANT SURGEON	14	14	4,662.34	333.02	.001	333.02	.35
ANESTHESIOLOGIST	44	1,288	11,160.31	8.66	.096	253.64	.83
OUTPATIENT SURGERY	162	452	32,200.86	71.24	.034	198.77	2.40
PRINCIPAL SURGEON	134	164	26,144.64	159.42	.012	195.11	1.94
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	37	288	6,056.22	21.03	.021	163.68	.45
DIALYSIS	13	70	3,470.44	49.58	.005	266.96	.26
PATHOLOGY	195	512	7,759.66	15.16	.038	39.79	.58
RADIOLOGY	708	1,183	36,422.46	30.79	.088	51.44	2.71
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	40	63	1,099.41	17.45	.005	27.49	.08
OTHER SERVICES/ALL X-OVERS	889	2,821	47,490.96	16.83	.210	53.42	3.53
@PHARMACY	6,391	62,221	\$ 2,042,369.93	\$ 32.82	4.628	\$ 319.57	\$ 151.92
PRESCRIPTION DRUGS	6,343	24,899	1,986,558.95	79.78	1.852	313.19	147.77
SNF/ICF	77	606	50,852.39	83.91	.045	660.42	3.78
OUTPATIENTS	6,271	24,293	1,935,706.56	79.68	1.807	308.68	143.98
MEDICAL SUPPLIES	393	37,322	55,810.98	1.50	2.776	142.01	4.15
@DENTIST	477	2,491	\$ 106,880.25	\$ 42.91	.185	\$ 224.07	\$ 7.95
VISITS - DIAGNOSTIC	327	1,472	20,199.00	13.72	.109	61.77	1.50
ORAL SURGERY	94	257	16,559.00	64.43	.019	176.16	1.23
DRUGS	13	13	190.00	14.62	.001	14.62	.01
ANESTHESIA	6	6	600.00	100.00	.000	100.00	.04
PERIODONTICS	19	23	2,954.00	128.43	.002	155.47	.22
ENDODONTICS	49	100	15,015.00	150.15	.007	306.43	1.12
RESTORATIVE DENTISTRY	160	507	34,973.25	68.98	.038	218.58	2.60
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	45	85	14,802.00	174.14	.006	328.93	1.10
SPACE MAINTAINERS	4	6	573.00	95.50	.000	143.25	.04
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	755.00	251.67	.000	251.67	.06
ALL OTHER SERVICES	13	15	150.00	10.00	.001	11.54	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 658
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13,444 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	277	634	\$ 15,444.47	\$ 24.36	.047	\$ 55.76	\$ 1.15
DIAGNOSTIC AND ANC. PROCED	161	162	6,692.81	41.31	.012	41.57	.50

EYE APPLIANCES	160	432		7,802.84	18.06	.032	48.77	.58
OTHER OPTOMETRIC SERVICES	39	40		948.82	23.72	.003	24.33	.07
@CHIROPRACTOR	41	56	\$	893.78	15.96	.004	21.80	.07
VISITS	34	45		744.04	16.53	.003	21.88	.06
OTHER SERVICES	7	11		149.74	13.61	.001	21.39	.01
@PODIATRIST	94	126	\$	2,612.17	20.73	.009	27.79	.19
MEDICINE/INJECTIONS	35	37		1,237.80	33.45	.003	35.37	.09
SURGERY/ANES.	7	9		241.53	26.84	.001	34.50	.02
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	55	78		1,098.24	14.08	.006	19.97	.08
@HOME HEALTH AGENCY	32	646	\$	23,178.19	35.88	.048	724.32	1.72
NURSE ANESTHESIST	4	71	\$	170.36	2.40	.005	42.59	.01
NURSE MIDWIFE	3	15	\$	1,483.17	98.88	.001	494.39	.11
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2,112	12,338	\$	1,490,657.13	120.82	.918	705.80	110.88
HOSP INPATIENT TOTAL	190	930		1,152,649.49	1239.41	.069	6066.58	85.74
HSC HOSPITALS	58	381		437,113.08	1147.28	.028	7536.43	32.51
NON-HSC HOSPITAL TOTAL	90	353		673,986.23	1909.31	.026	7488.74	50.13
ACCOMMODATIONS	90	353		200,208.98	567.16	.026	2224.54	14.89
ADMINISTRATIVE DAYS	1	2		462.60	231.30	.000	462.60	.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	89	351		199,746.38	569.08	.026	2244.34	14.86
ANCILLARIES	89	0		473,777.25	.00	.000	5323.34	35.24
INPATIENT CROSSOVERS	49	196		41,550.18	211.99	.015	847.96	3.09
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,997	11,408		338,007.64	29.63	.849	169.26	25.14
MEDICAL	953	1,560		72,255.96	46.32	.116	75.82	5.37
SURGERY	83	92		3,434.19	37.33	.007	41.38	.26
PATHOLOGY	808	3,772		41,202.82	10.92	.281	50.99	3.06
RADIOLOGY	579	876		61,877.81	70.64	.065	106.87	4.60
ROOM USE	1,128	1,632		65,272.45	40.00	.121	57.87	4.86
CROSSOVERS/ALL OTH OUTPTNT	594	3,476		93,964.41	27.03	.259	158.19	6.99
@COUNTY HOSPITAL TOTAL	33	174	\$	12,676.45	72.85	.013	384.13	.94
CO HOSPITAL INPATIENT TOTAL	1	8		7,320.00	915.00	.001	7320.00	.54
HSC HOSPITALS	1	8		7,320.00	915.00	.001	7320.00	.54
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	32	166		5,356.45	32.27	.012	167.39	.40
MEDICAL	15	18		441.68	24.54	.001	29.45	.03
SURGERY	4	6		265.87	44.31	.000	66.47	.02
PATHOLOGY	16	69		815.13	11.81	.005	50.95	.06
RADIOLOGY	9	12		1,871.62	155.97	.001	207.96	.14
ROOM USE	25	31		1,434.82	46.28	.002	57.39	.11
CROSSOVERS/ALL OTH OUTPTNT	13	30		527.33	17.58	.002	40.56	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
AMADOR COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL							

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	13,444 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		2,088	12,164	\$ 1,477,980.68	\$ 121.50	.905	\$ 707.85	\$ 109.94
COMM HOSP INPATIENT TOTAL		189	922	1,145,329.49	1242.22	.069	6059.94	85.19
HSC HOSPITALS		57	373	429,793.08	1152.26	.028	7540.23	31.97

NON-HSC HOSPITALS TOTAL	90	353		673,986.23	1909.31	.026	7488.74	50.13
ACCOMMODATIONS	90	353		200,208.98	567.16	.026	2224.54	14.89
ADMINISTRATIVE DAYS	1	2		462.60	231.30	.000	462.60	.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	89	351		199,746.38	569.08	.026	2244.34	14.86
ANCILLARIES	89	0		473,777.25	.00	.000	5323.34	35.24
INPATIENT CROSSOVERS	49	196		41,550.18	211.99	.015	847.96	3.09
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,974	11,242		332,651.19	29.59	.836	168.52	24.74
MEDICAL	942	1,542		71,814.28	46.57	.115	76.24	5.34
SURGERY	79	86		3,168.32	36.84	.006	40.11	.24
PATHOLOGY	795	3,703		40,387.69	10.91	.275	50.80	3.00
RADIOLOGY	572	864		60,006.19	69.45	.064	104.91	4.46
ROOM USE	1,110	1,601		63,837.63	39.87	.119	57.51	4.75
CROSSOVERS/ALL OTH OUTPTNT	585	3,446		93,437.08	27.11	.256	159.72	6.95
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	80	2,109	\$	282,724.85	\$ 134.06	.157	\$ 3534.06	\$ 21.03
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	80	2,109		282,724.85	134.06	.157	3534.06	21.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	23	312	\$	40,030.61	\$ 128.30	.023	\$ 1740.46	\$ 2.98
HOSPITAL BASED	12	138		26,794.36	194.16	.010	2232.86	1.99
HEMODIALYSIS CENTER	11	174		13,236.25	76.07	.013	1203.30	.98
@REHABILITATION FACILITY	1	8	\$	156.88	\$ 19.61	.001	\$ 156.88	\$.01
HOSPITAL BASED	1	8		156.88	19.61	.001	156.88	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	316	1,381	\$	19,850.20	\$ 14.37	.103	\$ 62.82	\$ 1.48
PATHOLOGY	301	1,350		19,728.47	14.61	.100	65.54	1.47
XO AND OTHERS	15	31		121.73	3.93	.002	8.12	.01
@ORGANIZED OUTPATIENT CLINIC	2,004	3,092	\$	448,855.85	\$ 145.17	.230	\$ 223.98	\$ 33.39
CLINIC	27	63		1,702.86	27.03	.005	63.07	.13
SURGICENTER	15	91		3,147.25	34.59	.007	209.82	.23
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,966	2,938		444,005.74	151.13	.219	225.84	33.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
AMADOR COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL							

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						----- MONTHLY AVERAGE -----			
13,444 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,478	105,470	\$	340,325.01	\$ 3.23	7.845	\$ 230.26	\$ 25.31	
DURABLE MED. EQUIP.	116	412		58,833.95	142.80	.031	507.19	4.38	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	2	2		1,118.70	559.35	.000	559.35	.08	
MEDICAL TRANSPORTATION	234	8,842		49,746.04	5.63	.658	212.59	3.70	
AMBULANCES/AIR TRANS	179	2,462		28,946.46	11.76	.183	161.71	2.15	
OTHER TRANS	24	5,610		13,592.32	2.42	.417	566.35	1.01	
OTHER SERVICES	39	770		7,207.26	9.36	.057	184.80	.54	
ACUPUNCTURE	9	36		616.35	17.12	.003	68.48	.05	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	9	9		895.00	99.44	.001	99.44	.07	

IHMC,MODEL-NF,NF,AIDS,MSSP	124	2,596	90,215.44	34.75	.193	727.54	6.71
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	167	364	3,932.86	10.80	.027	23.55	.29
PHYSICAL THERAPIST	1	3	12.03	4.01	.000	12.03	.00
PORTABLE X-RAY	1	2	1.30	.65	.000	1.30	.00
PROSTHETIST/ORTHOTISTS	23	83	14,663.73	176.67	.006	637.55	1.09
PROSTHETICS	13	73	14,088.98	193.00	.005	1083.77	1.05
ORTHOTICS	10	10	574.75	57.48	.001	57.48	.04
PSYCHOLOGIST	1	1	.33	.33	.000	.33	.00
SPEECH AND AUDIOLOGY	32	80	3,128.14	39.10	.006	97.75	.23
HOSPICE SERVICES	3	42	4,813.16	114.60	.003	1604.39	.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	434	17,680	69,875.21	3.95	1.315	161.00	5.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	436	75,318		42,472.77		.56	5.602	97.41	3.16
@CALIF. CHILDREN SERVICES*	85	13,956	\$	212,624.37	\$	15.24	1.038	\$ 2501.46	\$ 15.82
@XOVER EXCLUDING STATE HOSP**	987	10,918	\$	124,539.68	\$	11.41	.812	\$ 126.18	\$ 9.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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AMADOR COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	152	800	\$ 69,047.50	\$ 86.31	2.640	\$	454.26	\$ 227.88
@PHYSICIANS SERVICES	54	183	\$ 10,679.95	\$ 58.36	.604	\$	197.78	\$ 35.25
OUTPATIENT VISITS	33	43	1,373.47	31.94	.142		41.62	4.53
OFFICE VISITS	29	39	1,185.38	30.39	.129		40.88	3.91
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	2	2	132.46	66.23	.007		66.23	.44
PREVENTIVE CARE	1	1	34.69	34.69	.003		34.69	.11
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	1	1	20.94	20.94	.003		20.94	.07
INPATIENT VISITS	5	44	5,340.43	121.37	.145		1068.09	17.63
HOSPITAL VISITS	4	24	1,364.41	56.85	.079		341.10	4.50
CRITICAL CARE	2	20	3,976.02	198.80	.066		1988.01	13.12
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	4	16	1,378.36	86.15	.053		344.59	4.55
PRINCIPAL SURGEON	2	2	916.79	458.40	.007		458.40	3.03
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	2	14	461.57	32.97	.046		230.79	1.52
OUTPATIENT SURGERY	1	12	878.09	73.17	.040		878.09	2.90
PRINCIPAL SURGEON	1	1	648.05	648.05	.003		648.05	2.14
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	1	11	230.04	20.91	.036		230.04	.76
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	1	11	85.79	7.80	.036		85.79	.28
RADIOLOGY	17	44	746.02	16.96	.145		43.88	2.46
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	1	1	35.00	35.00	.003		35.00	.12
OTHER SERVICES/ALL X-OVERS	8	12	842.79	70.23	.040		105.35	2.78
@PHARMACY	66	122	\$ 2,642.48	\$ 21.66	.403	\$	40.04	\$ 8.72
PRESCRIPTION DRUGS	66	122	2,642.63	21.66	.403		40.04	8.72
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	66	122	2,642.63	21.66	.403		40.04	8.72
MEDICAL SUPPLIES	0	0	.15CR	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 662
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	76	267	\$ 43,748.59	\$ 163.85	.881	\$ 575.64	\$ 144.38
HOSP INPATIENT TOTAL	4	24	36,695.84	1528.99	.079	9173.96	121.11
HSC HOSPITALS	3	23	35,474.00	1542.35	.076	11824.67	117.08
NON-HSC HOSPITAL TOTAL	1	1	1,221.84	1221.84	.003	1221.84	4.03
ACCOMMODATIONS	1	1	545.85	545.85	.003	545.85	1.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	545.85	545.85	.003	545.85	1.80
ANCILLARIES	1	0	675.99	.00	.000	675.99	2.23
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	73	243	7,052.75	29.02	.802	96.61	23.28
MEDICAL	55	80	3,038.64	37.98	.264	55.25	10.03
SURGERY	1	1	125.65	125.65	.003	125.65	.41
PATHOLOGY	17	56	523.14	9.34	.185	30.77	1.73
RADIOLOGY	15	17	612.80	36.05	.056	40.85	2.02
ROOM USE	41	59	2,249.16	38.12	.195	54.86	7.42
CROSSOVERS/ALL OTH OUTPTNT	18	30	503.36	16.78	.099	27.96	1.66
@COUNTY HOSPITAL TOTAL	2	13	\$ 629.31	\$ 48.41	.043	\$ 314.66	\$ 2.08
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	13	629.31	48.41	.043	314.66	2.08
MEDICAL	2	2	220.47	110.24	.007	110.24	.73
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	5	61.41	12.28	.017	61.41	.20
RADIOLOGY	1	2	236.59	118.30	.007	236.59	.78
ROOM USE	2	2	88.95	44.48	.007	44.48	.29

303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	75	254	\$ 43,119.28	\$ 169.76	.838	\$ 574.92	\$ 142.31
COMM HOSP INPATIENT TOTAL	4	24	36,695.84	1528.99	.079	9173.96	121.11
HSC HOSPITALS	3	23	35,474.00	1542.35	.076	11824.67	117.08
NON-HSC HOSPITALS TOTAL	1	1	1,221.84	1221.84	.003	1221.84	4.03
ACCOMMODATIONS	1	1	545.85	545.85	.003	545.85	1.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	545.85	545.85	.003	545.85	1.80
ANCILLARIES	1	0	675.99	.00	.000	675.99	2.23
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	71	230	6,423.44	27.93	.759	90.47	21.20
MEDICAL	53	78	2,818.17	36.13	.257	53.17	9.30
SURGERY	1	1	125.65	125.65	.003	125.65	.41
PATHOLOGY	16	51	461.73	9.05	.168	28.86	1.52
RADIOLOGY	14	15	376.21	25.08	.050	26.87	1.24
ROOM USE	39	57	2,160.21	37.90	.188	55.39	7.13
CROSSOVERS/ALL OTH OUTPTNT	17	28	481.47	17.20	.092	28.32	1.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	25	38	\$ 6,993.47	\$ 184.04	.125	\$ 279.74	\$ 23.08
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	25	38	6,993.47	184.04	.125	279.74	23.08

303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	190	\$ 4,983.01	\$ 26.23	.627	\$ 453.00	\$ 16.45

DURABLE MED. EQUIP.	2	3	134.17	44.72	.010	67.09	.44
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	187	4,848.84	25.93	.617	538.76	16.00
AMBULANCES/AIR TRANS	8	186	3,048.84	16.39	.614	381.11	10.06
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.003	1800.00	5.94
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	95	\$ 39,763.72	\$ 418.57	.314	\$ 7952.74	\$ 131.23
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 665
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49	

556 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	284	1,829	\$ 185,278.97	\$ 101.30	3.290	\$ 652.39	\$ 333.24
@PHYSICIANS SERVICES	136	477	\$ 40,908.43	\$ 85.76	.858	\$ 300.80	\$ 73.58
OUTPATIENT VISITS	56	89	7,614.55	85.56	.160	135.97	13.70
OFFICE VISITS	17	20	1,690.92	84.55	.036	99.47	3.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	205.68	51.42	.007	51.42	.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	38	65	5,717.95	87.97	.117	150.47	10.28
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	20	46	2,653.24	57.68	.083	132.66	4.77
HOSPITAL VISITS	19	37	1,684.48	45.53	.067	88.66	3.03
CRITICAL CARE	1	9	968.76	107.64	.016	968.76	1.74
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	195	23,304.47	119.51	.351	751.76	41.91
PRINCIPAL SURGEON	22	22	20,145.57	915.71	.040	915.71	36.23
ASSISTANT SURGEON	5	5	932.50	186.50	.009	186.50	1.68
ANESTHESIOLOGIST	12	168	2,226.40	13.25	.302	185.53	4.00
OUTPATIENT SURGERY	11	20	1,485.14	74.26	.036	135.01	2.67
PRINCIPAL SURGEON	9	13	1,182.83	90.99	.023	131.43	2.13

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	7	302.31	43.19	.013	75.58	.54
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	17	26	892.85	34.34	.047	52.52	1.61
RADIOLOGY	56	74	3,533.46	47.75	.133	63.10	6.36
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	10	74.47	7.45	.018	24.82	.13
OTHER SERVICES/ALL X-OVERS	13	17	1,350.25	79.43	.031	103.87	2.43
@PHARMACY	94	160	\$ 4,167.22	\$ 26.05	.288	\$ 44.33	\$ 7.50
PRESCRIPTION DRUGS	94	160	4,167.22	26.05	.288	44.33	7.50
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	94	160	4,167.22	26.05	.288	44.33	7.50
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	11	\$ 190.00	\$ 17.27	.020	\$ 95.00	\$.34
VISITS - DIAGNOSTIC	2	10	105.00	10.50	.018	52.50	.19
ORAL SURGERY	1	1	85.00	85.00	.002	85.00	.15

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 666
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

556 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	106	449	\$ 132,186.99	\$ 294.40	.808	\$ 1247.05	\$ 237.75
HOSP INPATIENT TOTAL	29	122	123,883.20	1015.44	.219	4271.83	222.81
HSC HOSPITALS	11	33	38,732.05	1173.70	.059	3521.10	69.66
NON-HSC HOSPITAL TOTAL	20	89	85,151.15	956.75	.160	4257.56	153.15
ACCOMMODATIONS	20	89	39,377.38	442.44	.160	1968.87	70.82
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	89	39,377.38	442.44	.160	1968.87	70.82
ANCILLARIES	20	0	45,773.77	.00	.000	2288.69	82.33
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	86	327	8,303.79	25.39	.588	96.56	14.93
MEDICAL	19	24	1,183.69	49.32	.043	62.30	2.13
SURGERY	5	8	224.38	28.05	.014	44.88	.40
PATHOLOGY	45	181	2,087.99	11.54	.326	46.40	3.76
RADIOLOGY	26	27	1,954.18	72.38	.049	75.16	3.51
ROOM USE	34	46	1,986.29	43.18	.083	58.42	3.57
CROSSOVERS/ALL OTH OUTPTNT	17	41	867.26	21.15	.074	51.02	1.56
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 667
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49						

556 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	106	449	\$	132,186.99	\$ 294.40	.808	\$ 1247.05	\$ 237.75
COMM HOSP INPATIENT TOTAL	29	122		123,883.20	1015.44	.219	4271.83	222.81
HSC HOSPITALS	11	33		38,732.05	1173.70	.059	3521.10	69.66
NON-HSC HOSPITALS TOTAL	20	89		85,151.15	956.75	.160	4257.56	153.15
ACCOMMODATIONS	20	89		39,377.38	442.44	.160	1968.87	70.82
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	89		39,377.38	442.44	.160	1968.87	70.82
ANCILLARIES	20	0		45,773.77	.00	.000	2288.69	82.33
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	86	327		8,303.79	25.39	.588	96.56	14.93
MEDICAL	19	24		1,183.69	49.32	.043	62.30	2.13
SURGERY	5	8		224.38	28.05	.014	44.88	.40
PATHOLOGY	45	181		2,087.99	11.54	.326	46.40	3.76
RADIOLOGY	26	27		1,954.18	72.38	.049	75.16	3.51
ROOM USE	34	46		1,986.29	43.18	.083	58.42	3.57
CROSSOVERS/ALL OTH OUTPTNT	17	41		867.26	21.15	.074	51.02	1.56
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	64	263	\$	3,494.87	\$ 13.29	.473	\$ 54.61	\$ 6.29
PATHOLOGY	64	263		3,494.87	13.29	.473	54.61	6.29
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	29	\$	2,027.00	\$ 69.90	.052	\$ 225.22	\$ 3.65
CLINIC	2	12		603.40	50.28	.022	301.70	1.09

SURGICENTER	1	10	243.41	24.34	.018	243.41	.44
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	7	1,180.19	168.60	.013	196.70	2.12

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 668
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

556 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17	440	\$ 2,304.46	\$ 5.24	.791	\$ 135.56	\$ 4.14
DURABLE MED. EQUIP.	1	1	60.00	60.00	.002	60.00	.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	128	963.36	7.53	.230	192.67	1.73
AMBULANCES/AIR TRANS	5	128	963.36	7.53	.230	192.67	1.73
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11	1,155.00	105.00	.020	105.00	2.08
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	300	126.10	.42	.540	126.10	.23
@CALIF. CHILDREN SERVICES*	3	148	\$ 17,330.00	\$ 117.09	.266	\$ 5776.67	\$ 31.17
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 669
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7	34	\$ 1,169.66	\$ 34.40	11.333	\$ 167.09	\$ 389.89
@PHYSICIANS SERVICES	5	16	\$ 699.85	\$ 43.74	5.333	\$ 139.97	\$ 233.28
OUTPATIENT VISITS	3	4	132.48	33.12	1.333	44.16	44.16
OFFICE VISITS	2	3	72.00	24.00	1.000	36.00	24.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.333	60.48	20.16
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	12		567.37	47.28	4.000	283.69	189.12
PRINCIPAL SURGEON	1	1		421.39	421.39	.333	421.39	140.46
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11		145.98	13.27	3.667	145.98	48.66
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	2	6	\$	62.08	\$ 10.35	2.000	\$ 31.04	\$ 20.69
PRESCRIPTION DRUGS	2	6		62.08	10.35	2.000	31.04	20.69
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	2	6		62.08	10.35	2.000	31.04	20.69
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 670
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	10	\$	347.18	\$	34.72	3.333	\$	115.73	\$	115.73
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	10		347.18		34.72	3.333		115.73		115.73
MEDICAL	1	1		29.83		29.83	.333		29.83		9.94
SURGERY	1	1		99.70		99.70	.333		99.70		33.23
PATHOLOGY	1	6		46.57		7.76	2.000		46.57		15.52

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	171.08	85.54	.667	171.08	57.03
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 671
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	10	\$ 347.18	\$ 34.72	3.333	\$ 115.73	\$ 115.73
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	10	347.18	34.72	3.333	115.73	115.73
MEDICAL	1	1	29.83	29.83	.333	29.83	9.94
SURGERY	1	1	99.70	99.70	.333	99.70	33.23
PATHOLOGY	1	6	46.57	7.76	2.000	46.57	15.52
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	171.08	85.54	.667	171.08	57.03
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$	38.53	\$	19.27	.667	\$ 19.27	\$ 12.84
PATHOLOGY	2	2		38.53		19.27	.667	19.27	12.84
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	22.02	\$	.00	.000	\$.00	\$ 7.34
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		22.02		.00	.000	.00	7.34

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 672
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 673
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76	

862 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	443	2,663	\$ 255,496.13	\$ 95.94	3.089	\$ 576.74	\$ 296.40
@PHYSICIANS SERVICES	195	676	\$ 52,288.23	\$ 77.35	.784	\$ 268.14	\$ 60.66

OUTPATIENT VISITS	92	136		9,120.50	67.06	.158	99.14	10.58
OFFICE VISITS	48	62		2,948.30	47.55	.072	61.42	3.42
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6		338.14	56.36	.007	56.36	.39
PREVENTIVE CARE	1	1		34.69	34.69	.001	34.69	.04
OB VISITS/COMPRE PERI	39	66		5,778.43	87.55	.077	148.16	6.70
OTHER OUTPATIENT	1	1		20.94	20.94	.001	20.94	.02
INPATIENT VISITS	25	90		7,993.67	88.82	.104	319.75	9.27
HOSPITAL VISITS	23	61		3,048.89	49.98	.071	132.56	3.54
CRITICAL CARE	3	29		4,944.78	170.51	.034	1648.26	5.74
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	35	211		24,682.83	116.98	.245	705.22	28.63
PRINCIPAL SURGEON	24	24		21,062.36	877.60	.028	877.60	24.43
ASSISTANT SURGEON	5	5		932.50	186.50	.006	186.50	1.08
ANESTHESIOLOGIST	14	182		2,687.97	14.77	.211	192.00	3.12
OUTPATIENT SURGERY	14	44		2,930.60	66.60	.051	209.33	3.40
PRINCIPAL SURGEON	11	15		2,252.27	150.15	.017	204.75	2.61
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	29		678.33	23.39	.034	113.06	.79
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	18	37		978.64	26.45	.043	54.37	1.14
RADIOLOGY	73	118		4,279.48	36.27	.137	58.62	4.96
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	11		109.47	9.95	.013	27.37	.13
OTHER SERVICES/ALL X-OVERS	21	29		2,193.04	75.62	.034	104.43	2.54
@PHARMACY	162	288	\$	6,871.78	\$ 23.86	.334	\$ 42.42	\$ 7.97
PRESCRIPTION DRUGS	162	288		6,871.93	23.86	.334	42.42	7.97
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	162	288		6,871.93	23.86	.334	42.42	7.97
MEDICAL SUPPLIES	0	0		.15CR	.00	.000	.00	.00
@DENTIST	2	11	\$	190.00	\$ 17.27	.013	\$ 95.00	\$.22
VISITS - DIAGNOSTIC	2	10		105.00	10.50	.012	52.50	.12
ORAL SURGERY	1	1		85.00	85.00	.001	85.00	.10
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 674
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76							
862 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	185	726	\$	176,282.76	\$	242.81	.842	\$ 952.88	\$ 204.50
HOSP INPATIENT TOTAL	33	146		160,579.04		1099.86	.169	4866.03	186.29
HSC HOSPITALS	14	56		74,206.05		1325.11	.065	5300.43	86.09
NON-HSC HOSPITAL TOTAL	21	90		86,372.99		959.70	.104	4113.00	100.20
ACCOMMODATIONS	21	90		39,923.23		443.59	.104	1901.11	46.31
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	21	90		39,923.23		443.59	.104	1901.11	46.31
ANCILLARIES	21	0		46,449.76		.00	.000	2211.89	53.89
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	162	580		15,703.72		27.08	.673	96.94	18.22
MEDICAL	75	105		4,252.16		40.50	.122	56.70	4.93
SURGERY	7	10		449.73		44.97	.012	64.25	.52
PATHOLOGY	63	243		2,657.70		10.94	.282	42.19	3.08
RADIOLOGY	41	44		2,566.98		58.34	.051	62.61	2.98
ROOM USE	76	107		4,406.53		41.18	.124	57.98	5.11
CROSSOVERS/ALL OTH OUTPTNT	35	71		1,370.62		19.30	.082	39.16	1.59
@COUNTY HOSPITAL TOTAL	2	13	\$	629.31	\$	48.41	.015	\$ 314.66	\$.73
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	13		629.31		48.41	.015	314.66	.73
MEDICAL	2	2		220.47		110.24	.002	110.24	.26
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1	5		61.41		12.28	.006	61.41	.07
RADIOLOGY	1	2		236.59		118.30	.002	236.59	.27
ROOM USE	2	2		88.95		44.48	.002	44.48	.10
CROSSOVERS/ALL OTH OUTPTNT	1	2		21.89		10.95	.002	21.89	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 675
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	862 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	184		713	\$ 175,653.45	\$ 246.36	.827	\$ 954.64	\$ 203.77
COMM HOSP INPATIENT TOTAL	33		146	160,579.04	1099.86	.169	4866.03	186.29
HSC HOSPITALS	14		56	74,206.05	1325.11	.065	5300.43	86.09
NON-HSC HOSPITALS TOTAL	21		90	86,372.99	959.70	.104	4113.00	100.20
ACCOMMODATIONS	21		90	39,923.23	443.59	.104	1901.11	46.31
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	21	90	39,923.23	443.59	.104	1901.11	46.31
ANCILLARIES	21	0	46,449.76	.00	.000	2211.89	53.89
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	160	567	15,074.41	26.59	.658	94.22	17.49
MEDICAL	73	103	4,031.69	39.14	.119	55.23	4.68
SURGERY	7	10	449.73	44.97	.012	64.25	.52
PATHOLOGY	62	238	2,596.29	10.91	.276	41.88	3.01
RADIOLOGY	40	42	2,330.39	55.49	.049	58.26	2.70
ROOM USE	74	105	4,317.58	41.12	.122	58.35	5.01
CROSSOVERS/ALL OTH OUTPTNT	34	69	1,348.73	19.55	.080	39.67	1.56
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 677
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	160	4,938	\$ 74,172.89	\$ 15.02	28.217	\$ 463.58	\$ 423.85
@PHYSICIANS SERVICES	29	49	\$ 732.11	\$ 14.94	.280	\$ 25.25	\$ 4.18
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.006	46.44	.27
EXAMINATIONS	1	1	46.44	46.44	.006	46.44	.27
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	29	48	685.67	14.28	.274	23.64	3.92
@PHARMACY	146	614	\$ 45,434.30	\$ 74.00	3.509	\$ 311.19	\$ 259.62
PRESCRIPTION DRUGS	146	594	44,743.50	75.33	3.394	306.46	255.68
SNF/ICF	2	9	358.73	39.86	.051	179.37	2.05
OUTPATIENTS	144	585	44,384.77	75.87	3.343	308.23	253.63
MEDICAL SUPPLIES	15	20	690.80	34.54	.114	46.05	3.95
@DENTIST	11	38	\$ 1,160.00	\$ 30.53	.217	\$ 105.45	\$ 6.63
VISITS - DIAGNOSTIC	4	26	265.00	10.19	.149	66.25	1.51
ORAL SURGERY	1	3	255.00	85.00	.017	255.00	1.46
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3	195.00	65.00	.017	195.00	1.11
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	6	445.00	74.17	.034	89.00	2.54
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 678
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AMADOR COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	13	\$ 240.53	\$ 18.50	.074	\$ 40.09	\$ 1.37
DIAGNOSTIC AND ANC. PROCED	2	2	36.00	18.00	.011	18.00	.21
EYE APPLIANCES	3	9	149.07	16.56	.051	49.69	.85
OTHER OPTOMETRIC SERVICES	1	2	55.46	27.73	.011	55.46	.32
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	4	\$ 30.02	\$ 7.51	.023	\$ 7.51	\$.17
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	30.02	7.51	.023	7.51	.17
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	5	34	\$ 2,167.83	\$ 63.76	.194	\$ 433.57	\$ 12.39
HOSP INPATIENT TOTAL	1	11	840.00	76.36	.063	840.00	4.80
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	11	840.00	76.36	.063	840.00	4.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	23	1,327.83	57.73	.131	331.96	7.59
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	23	1,327.83	57.73	.131	331.96	7.59
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	34	\$ 2,167.83	\$ 63.76	.194	\$ 433.57	\$ 12.39
COMM HOSP INPATIENT TOTAL	1	11	840.00	76.36	.063	840.00	4.80
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	11	840.00	76.36	.063	840.00	4.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	23	1,327.83	57.73	.131	331.96	7.59
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	23	1,327.83	57.73	.131	331.96	7.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	0	\$ 3,251.43	\$.00	.000	\$ 1625.72	\$ 18.58
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	0	3,251.43	.00	.000	1625.72	18.58
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	12	\$ 6,065.63	\$ 505.47	.069	\$ 606.56	\$ 34.66
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	12	6,065.63	505.47	.069	606.56	34.66
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	3	\$ 12.91	\$ 4.30	.017	\$ 12.91	\$.07
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	3	12.91	4.30	.017	12.91	.07
@ORGANIZED OUTPATIENT CLINIC	10	17	\$ 2,256.18	\$ 132.72	.097	\$ 225.62	\$ 12.89
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	10	17	2,256.18	132.72	.097	225.62	12.89

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

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175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	24	4,154	\$ 12,821.95	\$ 3.09	23.737	\$ 534.25	\$ 73.27
DURABLE MED. EQUIP.	2	6	2,433.76	405.63	.034	1216.88	13.91
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	4,098	6,792.75	1.66	23.417	1358.55	38.82

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	5	4,098	6,792.75	1.66	23.417	1358.55	38.82
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	11	29	2,876.81	99.20	.166	261.53	16.44
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	17	192.40	11.32	.097	32.07	1.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	502.04	502.04	.006	502.04	2.87

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3	24.19	8.06	.017	12.10	.14
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	39	95	\$ 12,293.14	\$ 129.40	.543	\$ 315.21	\$ 70.25

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 681
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 682
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 683
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 684

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6CPAGE 685
01/29/04

126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	105	824	\$ 37,896.89	\$ 45.99	6.540	\$ 360.92	\$ 300.77
@PHYSICIANS SERVICES	28	64	\$ 744.25	\$ 11.63	.508	\$ 26.58	\$ 5.91
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	28	64		744.25	11.63	.508	26.58	5.91
@PHARMACY	99	633	\$	30,522.94	\$ 48.22	5.024	\$ 308.31	\$ 242.25
PRESCRIPTION DRUGS	98	407		29,197.51	71.74	3.230	297.93	231.73

SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	98	407		29,197.51		71.74	3.230	297.93	231.73
MEDICAL SUPPLIES	11	226		1,325.43		5.86	1.794	120.49	10.52
@DENTIST	6	33	\$	1,376.00	\$	41.70	.262	\$ 229.33	\$ 10.92
VISITS - DIAGNOSTIC	5	20		367.00		18.35	.159	73.40	2.91
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		118.00		118.00	.008	118.00	.94
ENDODONTICS	1	1		260.00		260.00	.008	260.00	2.06
RESTORATIVE DENTISTRY	3	11		631.00		57.36	.087	210.33	5.01
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

PAGE 686 01/29/04

126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	7	\$ 110.96	\$ 15.85	.056	\$ 36.99	\$.88
DIAGNOSTIC AND ANC. PROCED	1	1	15.00	15.00	.008	15.00	.12
EYE APPLIANCES	2	6	95.96	15.99	.048	47.98	.76
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 10.10	\$ 5.05	.016	\$ 5.05	\$.08
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	10.10	5.05	.016	5.05	.08
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	7	17	\$ 2,860.08	\$ 168.24	.135	\$ 408.58	\$ 22.70
HOSP INPATIENT TOTAL	3	9	2,520.00	280.00	.071	840.00	20.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	9	2,520.00	280.00	.071	840.00	20.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	8	340.08	42.51	.063	68.02	2.70
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	66.05	66.05	.008	66.05	.52
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	7	274.03	39.15	.056	68.51	2.17
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 687
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	17	\$ 2,860.08	\$ 168.24	.135	\$ 408.58	\$ 22.70
COMM HOSP INPATIENT TOTAL	3	9	2,520.00	280.00	.071	840.00	20.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	9	2,520.00	280.00	.071	840.00	20.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	8	340.08	42.51	.063	68.02	2.70
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	66.05	66.05	.008	66.05	.52
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	7	274.03	39.15	.056	68.51	2.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$	3.96	\$	1.98	.016	\$	1.98 \$.03
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	2	2		3.96		1.98	.016	1.98	.03
@ORGANIZED OUTPATIENT CLINIC	18	22	\$	1,515.67	\$	68.89	.175	\$	84.20 \$ 12.03
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	18	22		1,515.67		68.89	.175	84.20	12.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 688
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9	44	\$ 752.93	\$ 17.11	.349	\$ 83.66	\$ 5.98
DURABLE MED. EQUIP.	1	1	74.13	74.13	.008	74.13	.59
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.016	26.08	.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	41	652.72	15.92	.325	72.52	5.18
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	34	116	\$ 4,205.06	\$ 36.25	.921	\$ 123.68	\$ 33.37

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 689
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 691
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AMADOR COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED						

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
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AMADOR COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

301 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	265	5,762	\$ 112,069.78	\$ 19.45	19.143	\$ 422.90	\$ 372.32
@PHYSICIANS SERVICES	57	113	\$ 1,476.36	\$ 13.07	.375	\$ 25.90	\$ 4.90
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.003	46.44	.15
EXAMINATIONS	1	1	46.44	46.44	.003	46.44	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	57	112	1,429.92	12.77	.372	25.09	4.75
@PHARMACY	245	1,247	\$ 75,957.24	\$ 60.91	4.143	\$ 310.03	\$ 252.35
PRESCRIPTION DRUGS	244	1,001	73,941.01	73.87	3.326	303.04	245.65
SNF/ICF	2	9	358.73	39.86	.030	179.37	1.19
OUTPATIENTS	242	992	73,582.28	74.18	3.296	304.06	244.46
MEDICAL SUPPLIES	26	246	2,016.23	8.20	.817	77.55	6.70
@DENTIST	17	71	\$ 2,536.00	\$ 35.72	.236	\$ 149.18	\$ 8.43
VISITS - DIAGNOSTIC	9	46	632.00	13.74	.153	70.22	2.10
ORAL SURGERY	1	3	255.00	85.00	.010	255.00	.85
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.003	118.00	.39
ENDODONTICS	1	1	260.00	260.00	.003	260.00	.86
RESTORATIVE DENTISTRY	4	14	826.00	59.00	.047	206.50	2.74
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	6	445.00	74.17	.020	89.00	1.48
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
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301 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAYMONTHLY AVERAGE
UNITS/DAYS
PER ELIGCOST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	9	20	\$	351.49	\$	17.57	.066	\$	39.05	\$	1.17
DIAGNOSTIC AND ANC. PROCED	3	3		51.00		17.00	.010		17.00		.17
EYE APPLIANCES	5	15		245.03		16.34	.050		49.01		.81
OTHER OPTOMETRIC SERVICES	1	2		55.46		27.73	.007		55.46		.18
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	6	6	\$	40.12	\$	6.69	.020	\$	6.69	\$	.13
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	6	6		40.12		6.69	.020		6.69		.13
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	12	51	\$	5,027.91	\$	98.59	.169	\$	418.99	\$	16.70
HOSP INPATIENT TOTAL	4	20		3,360.00		168.00	.066		840.00		11.16
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4	20		3,360.00		168.00	.066		840.00		11.16
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9	31		1,667.91		53.80	.103		185.32		5.54
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		66.05		66.05	.003		66.05		.22
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	8	30		1,601.86		53.40	.100		200.23		5.32
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 695
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL										

	301 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12	51	\$	5,027.91	\$ 98.59	.169	\$ 418.99	\$ 16.70

COMM HOSP INPATIENT TOTAL	4	20	3,360.00	168.00	.066	840.00	11.16
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	20	3,360.00	168.00	.066	840.00	11.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	31	1,667.91	53.80	.103	185.32	5.54
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	66.05	66.05	.003	66.05	.22
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	8	30		1,601.86	53.40	.100	200.23	5.32
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	0	\$	3,251.43	.00	.000	1625.72	10.80
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	0		3,251.43	.00	.000	1625.72	10.80
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	12	\$	6,065.63	505.47	.040	606.56	20.15
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	12		6,065.63	505.47	.040	606.56	20.15
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	5	\$	16.87	3.37	.017	5.62	.06
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	3	5		16.87	3.37	.017	5.62	.06
@ORGANIZED OUTPATIENT CLINIC	28	39	\$	3,771.85	96.71	.130	134.71	12.53
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	28	39		3,771.85	96.71	.130	134.71	12.53
#CALIF DEPT OF HEALTH SERV								
MOP024								
AMADOR COUNTY								

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

301 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33	4,198	\$ 13,574.88	\$ 3.23	13.947	\$ 411.36	\$ 45.10
DURABLE MED. EQUIP.	3	7	2,507.89	358.27	.023	835.96	8.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	4,098	6,792.75	1.66	13.615	1358.55	22.57
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	5	4,098	6,792.75	1.66	13.615	1358.55	22.57
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	11	29	2,876.81	99.20	.096	261.53	9.56
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	19	218.48	11.50	.063	31.21	.73
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	502.04	502.04	.003	502.04	1.67
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	44	676.91	15.38	.146	61.54	2.25
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	73	211	\$ 16,498.20	\$ 78.19	.701	\$ 226.00	\$ 54.81

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 697
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

381 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	323	6,248	\$ 152,996.85	\$ 24.49	16.399	\$ 473.67	\$ 401.57
@PHYSICIANS SERVICES	53	114	\$ 2,223.58	\$ 19.51	.299	\$ 41.95	\$ 5.84
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	12.11	6.06	.005	12.11	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	53	112	2,211.47	19.75	.294	41.73	5.80
@PHARMACY	254	2,751	\$ 58,226.31	\$ 21.17	7.220	\$ 229.24	\$ 152.82
PRESCRIPTION DRUGS	243	977	56,382.29	57.71	2.564	232.03	147.99
SNF/ICF	8	31	1,791.10	57.78	.081	223.89	4.70
OUTPATIENTS	235	946	54,591.19	57.71	2.483	232.30	143.28
MEDICAL SUPPLIES	33	1,774	1,844.02	1.04	4.656	55.88	4.84
@DENTIST	6	22	\$ 516.00	\$ 23.45	.058	\$ 86.00	\$ 1.35
VISITS - DIAGNOSTIC	4	18	193.00	10.72	.047	48.25	.51
ORAL SURGERY	1	2	138.00	69.00	.005	138.00	.36
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2	185.00	92.50	.005	92.50	.49
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 698
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED						
				AID CODE 18			
					----- MONTHLY AVERAGE -----		
381 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	12	22 \$	408.87	\$ 18.59	.058	\$ 34.07	\$ 1.07
DIAGNOSTIC AND ANC. PROCED	4	4	49.02	12.26	.010	12.26	.13
EYE APPLIANCES	6	18	299.84	16.66	.047	49.97	.79
OTHER OPTOMETRIC SERVICES	2	0	60.01	.00	.000	30.01	.16
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	11 \$	96.23	\$ 8.75	.029	\$ 8.75	\$.25
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	11	96.23	8.75	.029	8.75	.25
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	15 \$	6,034.71	\$ 402.31	.039	\$ 670.52	\$ 15.84
HOSP INPATIENT TOTAL	8	14	6,002.78	428.77	.037	750.35	15.76
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	14	6,002.78	428.77	.037	750.35	15.76
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	31.93	31.93	.003	31.93	.08
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	31.93	31.93	.003	31.93	.08
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 699
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

381 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	15	\$ 6,034.71	\$ 402.31	.039	\$ 670.52	\$ 15.84
COMM HOSP INPATIENT TOTAL	8	14	6,002.78	428.77	.037	750.35	15.76
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	14	6,002.78	428.77	.037	750.35	15.76
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	31.93	31.93	.003	31.93	.08
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	31.93	31.93	.003	31.93	.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	15	486	\$ 48,418.10	\$ 99.63	1.276	\$ 3227.87	\$ 127.08
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	15	486	48,418.10	99.63	1.276	3227.87	127.08
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$ 22.50	\$ 11.25	.005	\$ 11.25	\$.06
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	2	2	22.50	11.25	.005	11.25	.06
@ORGANIZED OUTPATIENT CLINIC	27	40	\$ 4,583.65	\$ 114.59	.105	\$ 169.76	\$ 12.03
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	27	40	4,583.65	114.59	.105	169.76	12.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 700
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

381 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	136	2,785	\$	32,466.90	\$ 11.66	7.310	\$ 238.73	\$ 85.21
DURABLE MED. EQUIP.	4	4		267.00	66.75	.010	66.75	.70
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	60		432.72	7.21	.157	108.18	1.14
AMBULANCES/AIR TRANS	1	7		298.18	42.60	.018	298.18	.78
OTHER TRANS	2	49		96.40	1.97	.129	48.20	.25
OTHER SERVICES	1	4		38.14	9.54	.010	38.14	.10
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	87	583		25,662.08	44.02	1.530	294.97	67.35
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	10		144.98	14.50	.026	29.00	.38
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	11	287.84	26.17	.029	143.92	.76
PROSTHETICS	2	11	287.84	26.17	.029	143.92	.76
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	65	2,117	5,672.28	2.68	5.556	87.27	14.89
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	125	335	\$ 15,190.49	\$ 45.34	.879	\$ 121.52	\$ 39.87

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 701
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 702
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	0	0	.00	.00	.000 .00 .00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000 .00 .00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 703
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 704
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 705
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	144	9,682	\$ 100,888.62	\$ 10.42	67.706	\$ 700.62	\$ 705.51
@PHYSICIANS SERVICES	32	75	\$ 983.99	\$ 13.12	.524	\$ 30.75	\$ 6.88
OUTPATIENT VISITS	2	2	83.50	41.75	.014	41.75	.58
OFFICE VISITS	2	2	83.50	41.75	.014	41.75	.58
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	4	179.60	44.90	.028	44.90	1.26

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	4	179.60	44.90	.028	44.90	1.26
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	3.50	3.50	.007	3.50	.02

RADIOLOGY	2	2		54.28	27.14	.014	27.14	.38
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	26	66		663.11	10.05	.462	25.50	4.64
@PHARMACY	127	8,295	\$	58,080.50	\$ 7.00	58.007	\$ 457.33	\$ 406.16
PRESCRIPTION DRUGS	118	571		52,257.50	91.52	3.993	442.86	365.44
SNF/ICF	2	10		295.95	29.60	.070	147.98	2.07
OUTPATIENTS	116	561		51,961.55	92.62	3.923	447.94	363.37
MEDICAL SUPPLIES	36	7,724		5,823.00	.75	54.014	161.75	40.72
@DENTIST	11	61	\$	4,010.00	\$ 65.74	.427	\$ 364.55	\$ 28.04
VISITS - DIAGNOSTIC	6	23		290.00	12.61	.161	48.33	2.03
ORAL SURGERY	3	15		988.00	65.87	.105	329.33	6.91
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		330.00	330.00	.007	330.00	2.31
RESTORATIVE DENTISTRY	3	15		1,172.00	78.13	.105	390.67	8.20
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	7		1,230.00	175.71	.049	307.50	8.60
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 706
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68							

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	9	18	\$	360.51	\$ 20.03	.126	\$ 40.06	\$ 2.52
DIAGNOSTIC AND ANC. PROCED	4	4		88.46	22.12	.028	22.12	.62
EYE APPLIANCES	4	12		181.66	15.14	.084	45.42	1.27
OTHER OPTOMETRIC SERVICES	3	2		90.39	45.20	.014	30.13	.63
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$	71.36	\$ 35.68	.014	\$ 71.36	\$.50
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	14	90	\$	4,839.57	\$ 53.77	.629	\$ 345.68	\$ 33.84
HOSP INPATIENT TOTAL	5	22		4,200.00	190.91	.154	840.00	29.37
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	22		4,200.00	190.91	.154	840.00	29.37
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	68		639.57	9.41	.476	71.06	4.47
MEDICAL	0	0		.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	51	586.85	11.51	.357	83.84	4.10
RADIOLOGY	1	1	71.09	71.09	.007	71.09	.50
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	16	18.37CR	1.15CR	.112	9.19CR	.13CR
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 707
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	90	\$ 4,839.57	\$ 53.77	.629	\$ 345.68	\$ 33.84
COMM HOSP INPATIENT TOTAL	5	22	4,200.00	190.91	.154	840.00	29.37
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	22	4,200.00	190.91	.154	840.00	29.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	68	639.57	9.41	.476	71.06	4.47
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	51	586.85	11.51	.357	83.84	4.10
RADIOLOGY	1	1	71.09	71.09	.007	71.09	.50
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	16	18.37CR	1.15CR	.112	9.19CR	.13CR
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7	247	\$ 24,435.57	\$ 98.93	1.727	\$ 3490.80	\$ 170.88
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	7	247	24,435.57	98.93	1.727	3490.80	170.88
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	.01	\$	.01	.007	\$.01	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	1	1		.01		.01	.007	.01	.00
@ORGANIZED OUTPATIENT CLINIC	25	46	\$	2,647.84	\$	57.56	.322	\$ 105.91	\$ 18.52
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	25	46		2,647.84		57.56	.322	105.91	18.52

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

AID CODE 68

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01/29/04

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	43	847	\$ 5,459.27	\$ 6.45	5.923	\$ 126.96	\$ 38.18
DURABLE MED. EQUIP.	2	2	102.30	51.15	.014	51.15	.72
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.007	25.00	.17
MEDICAL TRANSPORTATION	3	117	181.02	1.55	.818	60.34	1.27
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	22	61.30	2.79	.154	61.30	.43
OTHER SERVICES	2	95	119.72	1.26	.664	59.86	.84
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	19	88	3,679.32	41.81	.615	193.65	25.73
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	19	211.71	11.14	.133	26.46	1.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	21	220.46	10.50	.147	220.46	1.54
PROSTHETICS	1	21	220.46	10.50	.147	220.46	1.54
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	599	1,039.46	1.74	4.189	54.71	7.27
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	55	1,212	\$ 7,822.01	\$ 6.45	8.476	\$ 142.22	\$ 54.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

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524 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	467	15,930	\$	253,885.47	\$	15.94	30.401	\$	543.65	\$	484.51	
@PHYSICIANS SERVICES	85	189	\$	3,207.57	\$	16.97	.361	\$	37.74	\$	6.12	
OUTPATIENT VISITS	2	2		83.50		41.75	.004		41.75		.16	
OFFICE VISITS	2	2		83.50		41.75	.004		41.75		.16	
HOME VISITS	0	0		.00		.00	.000		.00		.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00	
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00	
INPATIENT VISITS	4	4		179.60		44.90	.008		44.90		.34	
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00		.00	
SNF/ICF/TRANS IP CARE	4	4		179.60		44.90	.008		44.90		.34	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00	
DIALYSIS	0	0		.00		.00	.000		.00		.00	
PATHOLOGY	1	1		3.50		3.50	.002		3.50		.01	
RADIOLOGY	3	4		66.39		16.60	.008		22.13		.13	
PSYCHIATRY	0	0		.00		.00	.000		.00		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00	
OTHER SERVICES/ALL X-OVERS	79	178		2,874.58		16.15	.340		36.39		5.49	
@PHARMACY	381	11,046	\$	116,306.81	\$	10.53	21.080	\$	305.27	\$	221.96	
PRESCRIPTION DRUGS	361	1,548		108,639.79		70.18	2.954		300.94		207.33	
SNF/ICF	10	41		2,087.05		50.90	.078		208.71		3.98	
OUTPATIENTS	351	1,507		106,552.74		70.71	2.876		303.57		203.34	
MEDICAL SUPPLIES	69	9,498		7,667.02		.81	18.126		111.12		14.63	
@DENTIST	17	83	\$	4,526.00	\$	54.53	.158	\$	266.24	\$	8.64	
VISITS - DIAGNOSTIC	10	41		483.00		11.78	.078		48.30		.92	
ORAL SURGERY	4	17		1,126.00		66.24	.032		281.50		2.15	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	0	0		.00		.00	.000		.00		.00	
PERIODONTICS	0	0		.00		.00	.000		.00		.00	
ENDODONTICS	1	1		330.00		330.00	.002		330.00		.63	
RESTORATIVE DENTISTRY	3	15		1,172.00		78.13	.029		390.67		2.24	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	6	9		1,415.00		157.22	.017		235.83		2.70	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE	710
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL											

	524 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	21	40	\$	769.38	\$ 19.23	.076	\$ 36.64	\$ 1.47
DIAGNOSTIC AND ANC. PROCED	8	8		137.48	17.19	.015	17.19	.26
EYE APPLIANCES	10	30		481.50	16.05	.057	48.15	.92
OTHER OPTOMETRIC SERVICES	5	2		150.40	75.20	.004	30.08	.29

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	11	11	\$	96.23	\$	8.75	.021	\$	8.75	\$	.18
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	11	11		96.23		8.75	.021		8.75		.18
@HOME HEALTH AGENCY	1	2	\$	71.36	\$	35.68	.004	\$	71.36	\$	.14
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	23	105	\$	10,874.28	\$	103.56	.200	\$	472.79	\$	20.75
HOSP INPATIENT TOTAL	13	36		10,202.78		283.41	.069		784.83		19.47
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	13	36	10,202.78	283.41	.069	784.83	19.47
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	69	671.50	9.73	.132	67.15	1.28
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	51	586.85	11.51	.097	83.84	1.12
RADIOLOGY	1	1	71.09	71.09	.002	71.09	.14
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	17	13.56	.80	.032	4.52	.03
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 711
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL						

524 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	105	\$ 10,874.28	\$ 103.56	.200	\$ 472.79	\$ 20.75
COMM HOSP INPATIENT TOTAL	13	36	10,202.78	283.41	.069	784.83	19.47
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	13	36	10,202.78	283.41	.069	784.83	19.47
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	69	671.50	9.73	.132	67.15	1.28
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	51	586.85	11.51	.097	83.84	1.12
RADIOLOGY	1	1	71.09	71.09	.002	71.09	.14
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	17	13.56	.80	.032	4.52	.03
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	22	733	\$	72,853.67	\$	99.39	1.399	\$	3311.53	\$	139.03
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	22	733		72,853.67		99.39	1.399		3311.53		139.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	3	\$	22.51	\$	7.50	.006	\$	7.50	\$	.04
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	3	3		22.51		7.50	.006		7.50		.04
@ORGANIZED OUTPATIENT CLINIC	52	86	\$	7,231.49	\$	84.09	.164	\$	139.07	\$	13.80
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	52	86		7,231.49		84.09	.164		139.07		13.80
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 712
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AMADOR COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL										

524 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	179	3,632	\$ 37,926.17	\$ 10.44	6.931	\$ 211.88	\$ 72.38
DURABLE MED. EQUIP.	6	6	369.30	61.55	.011	61.55	.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.002	25.00	.05
MEDICAL TRANSPORTATION	7	177	613.74	3.47	.338	87.68	1.17
AMBULANCES/AIR TRANS	1	7	298.18	42.60	.013	298.18	.57
OTHER TRANS	3	71	157.70	2.22	.135	52.57	.30
OTHER SERVICES	3	99	157.86	1.59	.189	52.62	.30
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	106	671	29,341.40	43.73	1.281	276.81	56.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	29	356.69	12.30	.055	27.44	.68
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	32	508.30	15.88	.061	169.43	.97
PROSTHETICS	3	32	508.30	15.88	.061	169.43	.97
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	84	2,716	6,711.74	2.47	5.183	79.90	12.81
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 180 1,547 \$ 23,012.50 \$ 14.88 2.952 \$ 127.85 \$ 43.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

1,545 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,262	20,350	\$ 652,784.82	\$ 32.08	13.172	\$ 517.26	\$ 422.51
@PHYSICIANS SERVICES	271	941	\$ 9,690.93	\$ 10.30	.609	\$ 35.76	\$ 6.27
OUTPATIENT VISITS	6	9	286.90	31.88	.006	47.82	.19
OFFICE VISITS	6	9	286.90	31.88	.006	47.82	.19
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.03
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	5	14.64	2.93	.003	14.64	.01
RADIOLOGY	4	8	209.05	26.13	.005	52.26	.14
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	264	918	9,133.90	9.95	.594	34.60	5.91
@PHARMACY	1,072	7,094	\$ 303,293.54	\$ 42.75	4.592	\$ 282.92	\$ 196.31
PRESCRIPTION DRUGS	1,061	4,242	295,721.92	69.71	2.746	278.72	191.41
SNF/ICF	45	270	29,631.82	109.75	.175	658.48	19.18
OUTPATIENTS	1,019	3,972	266,090.10	66.99	2.571	261.13	172.23
MEDICAL SUPPLIES	112	2,852	7,571.62	2.65	1.846	67.60	4.90
@DENTIST	45	165	\$ 5,061.00	\$ 30.67	.107	\$ 112.47	\$ 3.28
VISITS - DIAGNOSTIC	27	110	1,291.00	11.74	.071	47.81	.84
ORAL SURGERY	6	9	693.00	77.00	.006	115.50	.45
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.001	.00	.00
ENDODONTICS	2	2	590.00	295.00	.001	295.00	.38
RESTORATIVE DENTISTRY	14	28	1,587.00	56.68	.018	113.36	1.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	10	11	900.00	81.82	.007	90.00	.58
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	.00	.00	.003	.00	.00

1,545 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	52	93	\$ 2,390.35	\$ 25.70	.060	\$	45.97	\$ 1.55
DIAGNOSTIC AND ANC. PROCED	19	20	389.88	19.49	.013		20.52	.25
EYE APPLIANCES	26	69	1,728.63	25.05	.045		66.49	1.12
OTHER OPTOMETRIC SERVICES	8	4	271.84	67.96	.003		33.98	.18
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	50	63	\$ 625.10	\$ 9.92	.041	\$	12.50	\$.40
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	50	63	625.10	9.92	.041		12.50	.40
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	\$	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	\$	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	.00
@TOTAL HOSPITAL	58	235	\$ 62,421.62	\$ 265.62	.152	\$	1076.23	\$ 40.40
HOSP INPATIENT TOTAL	27	136	58,836.81	432.62	.088		2179.14	38.08
HSC HOSPITALS	4	55	38,869.03	706.71	.036		9717.26	25.16
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	23	81	19,967.78	246.52	.052		868.16	12.92
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	32	99	3,584.81	36.21	.064		112.03	2.32
MEDICAL	2	2	102.23	51.12	.001		51.12	.07
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	2	12	203.04	16.92	.008		101.52	.13
RADIOLOGY	4	7	571.09	81.58	.005		142.77	.37
ROOM USE	5	7	224.58	32.08	.005		44.92	.15
CROSSOVERS/ALL OTH OUTPTNT	26	71	2,483.87	34.98	.046		95.53	1.61
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00

MOP024
AMADOR COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

01/29/04

1,545 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS	SERVICE OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	58	235	\$	62,421.62	\$ 265.62	.152	\$ 1076.23	\$ 40.40
COMM HOSP INPATIENT TOTAL	27	136		58,836.81	432.62	.088	2179.14	38.08
HSC HOSPITALS	4	55		38,869.03	706.71	.036	9717.26	25.16
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	23	81		19,967.78	246.52	.052	868.16	12.92
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	32	99		3,584.81	36.21	.064	112.03	2.32
MEDICAL	2	2		102.23	51.12	.001	51.12	.07
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	12		203.04	16.92	.008	101.52	.13
RADIOLOGY	4	7		571.09	81.58	.005	142.77	.37
ROOM USE	5	7		224.58	32.08	.005	44.92	.15
CROSSOVERS/ALL OTH OUTPTNT	26	71		2,483.87	34.98	.046	95.53	1.61
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	54	1,386	\$	168,113.41	\$ 121.29	.897	\$ 3113.21	\$ 108.81
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	54	1,386		168,113.41	121.29	.897	3113.21	108.81
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	12	\$	6,065.63	\$ 505.47	.008	\$ 606.56	\$ 3.93
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	12		6,065.63	505.47	.008	606.56	3.93
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	14	\$	87.16	\$ 6.23	.009	\$ 12.45	\$.06
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	7	14		87.16	6.23	.009	12.45	.06
@ORGANIZED OUTPATIENT CLINIC	151	257	\$	17,645.79	\$ 68.66	.166	\$ 116.86	\$ 11.42
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	1		203.18	203.18	.001	203.18	.13
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	150	256		17,442.61	68.14	.166	116.28	11.29

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

1,545 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	369	10,090	\$ 77,390.29	\$ 7.67	6.531	\$ 209.73	\$ 50.09
DURABLE MED. EQUIP.	9	14	2,881.85	205.85	.009	320.21	1.87
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	449.42	449.42	.001	449.42	.29
MEDICAL TRANSPORTATION	31	4,520	8,216.90	1.82	2.926	265.06	5.32
AMBULANCES/AIR TRANS	1	7	298.18	42.60	.005	298.18	.19
OTHER TRANS	13	4,216	7,162.28	1.70	2.729	550.94	4.64
OTHER SERVICES	17	297	756.44	2.55	.192	44.50	.49
ACUPUNCTURE	9	36	616.35	17.12	.023	68.48	.40
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	171	999	51,031.74	51.08	.647	298.43	33.03
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	28	69	760.53	11.02	.045	27.16	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.30	.65	.001	1.30	.00
PROSTHETIST/ORTHOTISTS	4	15	465.26	31.02	.010	116.32	.30
PROSTHETICS	4	15	465.26	31.02	.010	116.32	.30
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	4	668.92	167.23	.003	167.23	.43
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	176	4,430	12,298.02	2.78	2.867	69.88	7.96
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	483	2,211	\$ 70,521.82	\$ 31.90	1.431	\$ 146.01	\$ 45.65

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 717
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	71	18,411	\$ 49,077.87	\$ 2.67	242.250 \$ 691.24 \$ 645.76
@PHYSICIANS SERVICES	20	40	\$ 1,271.78	\$ 31.79	.526 \$ 63.59 \$ 16.73
OUTPATIENT VISITS	7	10	303.61	30.36	.132 43.37 3.99
OFFICE VISITS	7	10	303.61	30.36	.132 43.37 3.99
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	0	0	.00	.00	.000 .00 .00
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00 .00
OTHER OUTPATIENT	0	0	.00	.00	.000 .00 .00
INPATIENT VISITS	2	9	598.58	66.51	.118 299.29 7.88
HOSPITAL VISITS	2	9	598.58	66.51	.118 299.29 7.88
CRITICAL CARE	0	0	.00	.00	.000 .00 .00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00 .00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.013 46.44 .61
EXAMINATIONS	1	1	46.44	46.44	.013 46.44 .61
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	1	1	62.42	62.42	.013 62.42 .82
PRINCIPAL SURGEON	1	1	62.42	62.42	.013 62.42 .82
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	0	0	.00	.00	.000 .00 .00
OUTPATIENT SURGERY	1	1	62.42	62.42	.013 62.42 .82
PRINCIPAL SURGEON	1	1	62.42	62.42	.013 62.42 .82
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	0	0	.00	.00	.000 .00 .00
DIALYSIS	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	1	1	59.05	59.05	.013 59.05 .78
PSYCHIATRY	0	0	.00	.00	.000 .00 .00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000 .00 .00
OTHER SERVICES/ALL X-OVERS	12	17	139.26	8.19	.224 11.61 1.83
@PHARMACY	70	4,854	\$ 16,526.77	\$ 3.40	63.868 \$ 236.10 \$ 217.46
PRESCRIPTION DRUGS	65	231	13,804.69	59.76	3.039 212.38 181.64
SNF/ICF	0	0	.00	.00	.000 .00 .00
OUTPATIENTS	65	231	13,804.69	59.76	3.039 212.38 181.64
MEDICAL SUPPLIES	12	4,623	2,722.08	.59	60.829 226.84 35.82
@DENTIST	0	0	.00	.00	.000 .00 .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000 .00 .00
ORAL SURGERY	0	0	.00	.00	.000 .00 .00
DRUGS	0	0	.00	.00	.000 .00 .00
ANESTHESIA	0	0	.00	.00	.000 .00 .00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 718
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 238.15	\$ 59.54	.053	\$ 119.08	\$ 3.13
DIAGNOSTIC AND ANC. PROCED	1	1	75.11	75.11	.013	75.11	.99
EYE APPLIANCES	2	3	163.04	54.35	.039	81.52	2.15
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	15	57	\$ 7,152.08	\$ 125.48	.750	\$ 476.81	\$ 94.11
HOSP INPATIENT TOTAL	2	4	5,576.00	1394.00	.053	2788.00	73.37
HSC HOSPITALS	1	4	4,736.00	1184.00	.053	4736.00	62.32
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	11.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	53	1,576.08	29.74	.697	112.58	20.74
MEDICAL	11	16	696.63	43.54	.211	63.33	9.17
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	25	364.30	14.57	.329	40.48	4.79
RADIOLOGY	1	1	189.90	189.90	.013	189.90	2.50
ROOM USE	4	5	193.63	38.73	.066	48.41	2.55
CROSSOVERS/ALL OTH OUTPTNT	3	6	131.62	21.94	.079	43.87	1.73
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 719
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	57	\$ 7,152.08	\$ 125.48	.750	\$ 476.81	\$ 94.11
COMM HOSP INPATIENT TOTAL	2	4	5,576.00	1394.00	.053	2788.00	73.37
HSC HOSPITALS	1	4	4,736.00	1184.00	.053	4736.00	62.32
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	11.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	53	1,576.08	29.74	.697	112.58	20.74
MEDICAL	11	16	696.63	43.54	.211	63.33	9.17
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	25	364.30	14.57	.329	40.48	4.79
RADIOLOGY	1	1	189.90	189.90	.013	189.90	2.50
ROOM USE	4	5	193.63	38.73	.066	48.41	2.55
CROSSOVERS/ALL OTH OUTPTNT	3	6	131.62	21.94	.079	43.87	1.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	14	25	\$ 1,362.13	\$ 54.49	.329	\$ 97.30	\$ 17.92
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 AMADOR COUNTY

14 25 1,362.13 54.49 .329 97.30 17.92
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 720
 FEE-FOR-SERVICE/DENTAL 01/29/04
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

76 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33	13,431	\$ 22,526.96	\$ 1.68	176.724	\$ 682.64	\$ 296.41
DURABLE MED. EQUIP.	6	33	4,895.22	148.34	.434	815.87	64.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	69	518.28	7.51	.908	172.76	6.82
AMBULANCES/AIR TRANS	3	69	518.28	7.51	.908	172.76	6.82
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	9	22	999.46	45.43	.289	111.05	13.15
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	21.99	11.00	.026	21.99	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	35.84	35.84	.013	35.84	.47
PROSTHETICS	1	1	35.84	35.84	.013	35.84	.47
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	7,369	9,597.02	1.30	96.961	3199.01	126.28
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	5,935	6,459.15	1.09	78.092	280.83	84.99
@CALIF. CHILDREN SERVICES*	6	121	\$ 10,642.52	\$ 87.95	1.592	\$ 1773.75	\$ 140.03
@XOVER EXCLUDING STATE HOSP**	14	38	\$ 1,509.23	\$ 39.72	.500	\$ 107.80	\$ 19.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 721
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

5,889 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,768	184,524	\$ 3,596,862.67	\$ 19.49	31.334	\$ 754.38	\$ 610.78
@PHYSICIANS SERVICES	1,479	5,803	\$ 177,194.63	\$ 30.54	.985	\$ 119.81	\$ 30.09
OUTPATIENT VISITS	649	942	31,367.94	33.30	.160	48.33	5.33
OFFICE VISITS	572	809	25,394.31	31.39	.137	44.40	4.31
HOME VISITS	5	6	223.10	37.18	.001	44.62	.04
EMERGENCY ROOM	43	60	3,947.35	65.79	.010	91.80	.67
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	112.00	112.00	.000	112.00	.02
OTHER OUTPATIENT	59	66	1,691.18	25.62	.011	28.66	.29
INPATIENT VISITS	98	354	16,299.34	46.04	.060	166.32	2.77
HOSPITAL VISITS	65	296	13,349.88	45.10	.050	205.38	2.27
CRITICAL CARE	7	11	1,561.71	141.97	.002	223.10	.27
SNF/ICF/TRANS IP CARE	33	47	1,387.75	29.53	.008	42.05	.24
OPHTHALMOLOGICAL SERVICES	11	15	595.81	39.72	.003	54.16	.10
EXAMINATIONS	11	15	595.81	39.72	.003	54.16	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	51	1,145	41,186.50	35.97	.194	807.58	6.99
PRINCIPAL SURGEON	34	51	32,897.78	645.05	.009	967.58	5.59
ASSISTANT SURGEON	2	2	1,798.57	899.29	.000	899.29	.31
ANESTHESIOLOGIST	23	1,092	6,490.15	5.94	.185	282.18	1.10
OUTPATIENT SURGERY	93	202	17,115.94	84.73	.034	184.04	2.91
PRINCIPAL SURGEON	80	97	14,802.30	152.60	.016	185.03	2.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	15	105	2,313.64	22.03	.018	154.24	.39
DIALYSIS	13	70	3,470.44	49.58	.012	266.96	.59
PATHOLOGY	115	389	5,535.23	14.23	.066	48.13	.94
RADIOLOGY	373	691	31,245.71	45.22	.117	83.77	5.31
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	26	35	488.44	13.96	.006	18.79	.08
OTHER SERVICES/ALL X-OVERS	658	1,960	29,889.28	15.25	.333	45.42	5.08

@PHARMACY	4,091	58,115	\$	1,717,565.48	\$	29.55	9.868	\$	419.84	\$	291.66
PRESCRIPTION DRUGS	4,047	18,637		1,662,743.99		89.22	3.165		410.86		282.35
SNF/ICF	64	501		31,242.85		62.36	.085		488.17		5.31
OUTPATIENTS	3,985	18,136		1,631,501.14		89.96	3.080		409.41		277.04
MEDICAL SUPPLIES	349	39,478		54,821.49		1.39	6.704		157.08		9.31
@DENTIST	239	1,104	\$	56,419.90	\$	51.10	.187	\$	236.07	\$	9.58
VISITS - DIAGNOSTIC	154	637		8,236.90		12.93	.108		53.49		1.40
ORAL SURGERY	54	113		7,153.00		63.30	.019		132.46		1.21
DRUGS	1	1		15.00		15.00	.000		15.00		.00
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.02
PERIODONTICS	15	19		2,417.00		127.21	.003		161.13		.41
ENDODONTICS	19	29		7,054.00		243.24	.005		371.26		1.20
RESTORATIVE DENTISTRY	66	233		18,175.00		78.00	.040		275.38		3.09
PROSTHETICS	3	3		60.00		20.00	.001		20.00		.01
DENTURES, STAYPLATES	37	67		13,209.00		197.15	.011		357.00		2.24
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 722
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

5,889 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	158			374	\$	8,392.60	\$	22.44		.064	\$	53.12	\$	1.43	
DIAGNOSTIC AND ANC. PROCED	83			82		3,251.82		39.66		.014		39.18		.55	
EYE APPLIANCES	97			263		4,429.14		16.84		.045		45.66		.75	
OTHER OPTOMETRIC SERVICES	26			29		711.64		24.54		.005		27.37		.12	
@CHIROPRACTOR	28			40	\$	630.44	\$	15.76		.007	\$	22.52	\$	.11	
VISITS	21			29		480.70		16.58		.005		22.89		.08	
OTHER SERVICES	7			11		149.74		13.61		.002		21.39		.03	
@PODIATRIST	56			72	\$	1,786.18	\$	24.81		.012	\$	31.90	\$	.30	
MEDICINE/INJECTIONS	30			31		1,015.40		32.75		.005		33.85		.17	
SURGERY/ANES.	4			5		115.05		23.01		.001		28.76		.02	
RADIO./PATHOLOGY	1			2		34.60		17.30		.000		34.60		.01	
OTHER	24			34		621.13		18.27		.006		25.88		.11	
@HOME HEALTH AGENCY	27			624	\$	21,676.56	\$	34.74		.106	\$	802.84	\$	3.68	
NURSE ANESTHESIST	4			71	\$	170.36	\$	2.40		.012	\$	42.59	\$	.03	
NURSE MIDWIFE	3			15	\$	1,483.17	\$	98.88		.003	\$	494.39	\$	.25	
PEDIATRIC NURSE PRACTITIONER	0			0	\$	.00	\$	.00		.000	\$	.00	\$	.00	
FAMILY NURSE PRACTITIONER	0			0	\$	.00	\$	.00		.000	\$	.00	\$	.00	
@TOTAL HOSPITAL	1,001			7,770	\$	863,069.45	\$	111.08		1.319	\$	862.21	\$	146.56	
HOSP INPATIENT TOTAL	122			534		654,909.79		1226.42		.091		5368.11		111.21	
HSC HOSPITALS	30			129		147,740.00		1145.27		.022		4924.67		25.09	
NON-HSC HOSPITAL TOTAL	54			234		472,024.61		2017.20		.040		8741.20		80.15	
ACCOMMODATIONS	54			234		142,832.04		610.39		.040		2645.04		24.25	
ADMINISTRATIVE DAYS	0			0		.00		.00		.000		.00		.00	
TRANSITIONAL IP CARE	0			0		.00		.00		.000		.00		.00	
ALL OTHER ACCOM	54			234		142,832.04		610.39		.040		2645.04		24.25	
ANCILLARIES	54			0		329,192.57		.00		.000		6096.16		55.90	
INPATIENT CROSSOVERS	43			171		35,145.18		205.53		.029		817.33		5.97	
ALL OTHER INPATIENT	0			0		.00		.00		.000		.00		.00	
HOSP OUTPATIENT TOTAL	926			7,236		208,159.66		28.77		1.229		224.79		35.35	
MEDICAL	293			541		25,992.65		48.05		.092		88.71		4.41	
SURGERY	54			58		2,075.99		35.79		.010		38.44		.35	
PATHOLOGY	462			2,620		27,398.61		10.46		.445		59.30		4.65	
RADIOLOGY	286			470		38,476.24		81.86		.080		134.53		6.53	
ROOM USE	452			704		29,511.64		41.92		.120		65.29		5.01	

CROSSOVERS/ALL OTH OUTPTNT	271	2,843		84,704.53		29.79	.483	312.56		14.38
@COUNTY HOSPITAL TOTAL	18	109	\$	10,810.88	\$	99.18	.019	\$ 600.60	\$	1.84
CO HOSPITAL INPATIENT TOTAL	1	8		7,320.00		915.00	.001	7320.00		1.24
HSC HOSPITALS	1	8		7,320.00		915.00	.001	7320.00		1.24
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	17	101		3,490.88		34.56	.017	205.35		.59
MEDICAL	6	8		185.77		23.22	.001	30.96		.03
SURGERY	2	2		87.01		43.51	.000	43.51		.01
PATHOLOGY	11	51		568.23		11.14	.009	51.66		.10
RADIOLOGY	5	8		1,741.52		217.69	.001	348.30		.30
ROOM USE	10	13		681.68		52.44	.002	68.17		.12
CROSSOVERS/ALL OTH OUTPTNT	8	19		226.67		11.93	.003	28.33		.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 723
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

	5,889 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	989	7,661	\$	852,258.57	\$ 111.25	1.301	\$ 861.74	\$ 144.72
COMM HOSP INPATIENT TOTAL	121	526		647,589.79	1231.16	.089	5351.98	109.97
HSC HOSPITALS	29	121		140,420.00	1160.50	.021	4842.07	23.84
NON-HSC HOSPITALS TOTAL	54	234		472,024.61	2017.20	.040	8741.20	80.15
ACCOMMODATIONS	54	234		142,832.04	610.39	.040	2645.04	24.25
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	54	234		142,832.04	610.39	.040	2645.04	24.25
ANCILLARIES	54	0		329,192.57	.00	.000	6096.16	55.90
INPATIENT CROSSOVERS	43	171		35,145.18	205.53	.029	817.33	5.97
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	915	7,135		204,668.78	28.69	1.212	223.68	34.75
MEDICAL	290	533		25,806.88	48.42	.091	88.99	4.38
SURGERY	52	56		1,988.98	35.52	.010	38.25	.34
PATHOLOGY	453	2,569		26,830.38	10.44	.436	59.23	4.56
RADIOLOGY	282	462		36,734.72	79.51	.078	130.26	6.24
ROOM USE	447	691		28,829.96	41.72	.117	64.50	4.90
CROSSOVERS/ALL OTH OUTPTNT	267	2,824		84,477.86	29.91	.480	316.40	14.35
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	65	1,945	\$	244,539.49	\$ 125.73	.330	\$ 3762.15	\$ 41.52
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	65	1,945		244,539.49	125.73	.330	3762.15	41.52
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	23	312	\$	40,030.61	\$ 128.30	.053	\$ 1740.46	\$ 6.80
HOSPITAL BASED	12	138		26,794.36	194.16	.023	2232.86	4.55
HEMODIALYSIS CENTER	11	174		13,236.25	76.07	.030	1203.30	2.25

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	171	934	\$	12,294.35	\$	13.16	.159	\$	71.90	\$	2.09
PATHOLOGY	157	909		12,220.40		13.44	.154		77.84		2.08
XO AND OTHERS	14	25		73.95		2.96	.004		5.28		.01
@ORGANIZED OUTPATIENT CLINIC	972	1,520	\$	200,137.60	\$	131.67	.258	\$	205.90	\$	33.98
CLINIC	15	34		962.40		28.31	.006		64.16		.16
SURGICENTER	5	19		723.26		38.07	.003		144.65		.12
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	954	1,467		198,451.94		135.28	.249		208.02		33.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 724
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED										

	5,889 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	823		105,825	\$ 251,471.85	\$ 2.38	17.970	\$ 305.56	\$ 42.70
DURABLE MED. EQUIP.	95		361	52,640.07	145.82	.061	554.11	8.94
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1		1	25.00	25.00	.000	25.00	.00
MEDICAL TRANSPORTATION	144		7,693	32,790.53	4.26	1.306	227.71	5.57
AMBULANCES/AIR TRANS	108		1,561	18,201.36	11.66	.265	168.53	3.09
OTHER TRANS	19		5,563	13,380.49	2.41	.945	704.24	2.27
OTHER SERVICES	23		569	1,208.68	2.12	.097	52.55	.21
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	61		2,275	70,402.45	30.95	.386	1154.14	11.95
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	103		224	2,592.99	11.58	.038	25.17	.44
PHYSICAL THERAPIST	1		3	12.03	4.01	.001	12.03	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	15		74	11,746.01	158.73	.013	783.07	1.99
PROSTHETICS	8		67	11,378.92	169.83	.011	1422.37	1.93
ORTHOTICS	7		7	367.09	52.44	.001	52.44	.06
PSYCHOLOGIST	1		1	.33	.33	.000	.33	.00
SPEECH AND AUDIOLOGY	29		77	2,961.26	38.46	.013	102.11	.50
HOSPICE SERVICES	3		42	4,813.16	114.60	.007	1604.39	.82
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	105		8,250	40,110.27	4.86	1.401	382.00	6.81
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	346		86,824	33,377.75	.38	14.743	96.47	5.67
@CALIF. CHILDREN SERVICES*	68		12,477	\$ 64,113.49	\$ 5.14	2.119	\$ 942.85	\$ 10.89
@XOVER EXCLUDING STATE HOSP**	754		10,459	\$ 93,225.73	\$ 8.91	1.776	\$ 123.64	\$ 15.83

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 725
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES										

	7,287 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,970		20,341	\$ 1,386,214.54	\$ 68.15	2.791	\$ 349.17	\$ 190.23
@PHYSICIANS SERVICES	1,043		2,645	\$ 133,471.87	\$ 50.46	.363	\$ 127.97	\$ 18.32
OUTPATIENT VISITS	619		799	30,062.97	37.63	.110	48.57	4.13
OFFICE VISITS	511		646	21,168.62	32.77	.089	41.43	2.90

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	65	69	3,539.05	51.29	.009	54.45	.49
PREVENTIVE CARE	2	2	71.89	35.95	.000	35.95	.01
OB VISITS/COMPRE PERI	39	59	4,695.92	79.59	.008	120.41	.64
OTHER OUTPATIENT	21	23	587.49	25.54	.003	27.98	.08
INPATIENT VISITS	61	231	20,379.51	88.22	.032	334.09	2.80
HOSPITAL VISITS	56	121	5,864.50	48.47	.017	104.72	.80
CRITICAL CARE	9	110	14,515.01	131.95	.015	1612.78	1.99
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	16	614.78	38.42	.002	55.89	.08
EXAMINATIONS	11	16	614.78	38.42	.002	55.89	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	59	412	38,575.37	93.63	.057	653.82	5.29
PRINCIPAL SURGEON	43	54	30,850.76	571.31	.007	717.46	4.23
ASSISTANT SURGEON	12	12	2,863.77	238.65	.002	238.65	.39
ANESTHESIOLOGIST	22	346	4,860.84	14.05	.047	220.95	.67

OUTPATIENT SURGERY	76	264		16,194.24		61.34	.036	213.08	2.22
PRINCIPAL SURGEON	61	75		12,321.93		164.29	.010	202.00	1.69
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	23	189		3,872.31		20.49	.026	168.36	.53
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	85	124		2,280.74		18.39	.017	26.83	.31
RADIOLOGY	357	522		11,227.08		21.51	.072	31.45	1.54
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	16	30		626.27		20.88	.004	39.14	.09
OTHER SERVICES/ALL X-OVERS	103	247		13,510.91		54.70	.034	131.17	1.85
@PHARMACY	2,064	5,242	\$	256,996.23	\$	49.03	.719	124.51	35.27
PRESCRIPTION DRUGS	2,054	5,109		255,915.79		50.09	.701	124.59	35.12
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	2,054	5,109		255,915.79		50.09	.701	124.59	35.12
MEDICAL SUPPLIES	25	133		1,080.44		8.12	.018	43.22	.15
@DENTIST	243	1,430	\$	55,388.35	\$	38.73	.196	227.94	7.60
VISITS - DIAGNOSTIC	173	841		12,322.10		14.65	.115	71.23	1.69
ORAL SURGERY	42	162		10,762.00		66.43	.022	256.24	1.48
DRUGS	12	12		175.00		14.58	.002	14.58	.02
ANESTHESIA	5	5		500.00		100.00	.001	100.00	.07
PERIODONTICS	4	4		655.00		163.75	.001	163.75	.09
ENDODONTICS	32	76		8,648.00		113.79	.010	270.25	1.19
RESTORATIVE DENTISTRY	91	287		18,175.25		63.33	.039	199.73	2.49
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	9	22		2,553.00		116.05	.003	283.67	.35
SPACE MAINTAINERS	4	6		573.00		95.50	.001	143.25	.08
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4		825.00		206.25	.001	206.25	.11
ALL OTHER SERVICES	9	10		150.00		15.00	.001	16.67	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 726
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES								

7,287 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	102	233	\$	5,883.20	\$	.032	\$ 57.68	\$.81
DIAGNOSTIC AND ANC. PROCED	75	76		3,449.18		.010	45.99	.47
EYE APPLIANCES	51	145		2,251.41		.020	44.15	.31
OTHER OPTOMETRIC SERVICES	12	12		182.61		.002	15.22	.03
@CHIROPRACTOR	13	16	\$	263.34	\$	.002	\$ 20.26	\$.04
VISITS	13	16		263.34		.002	20.26	.04
OTHER SERVICES	0	0		.00		.000	.00	.00
@PODIATRIST	7	10	\$	348.88	\$	.001	\$ 49.84	\$.05
MEDICINE/INJECTIONS	5	6		222.40		.001	44.48	.03
SURGERY/ANES.	3	4		126.48		.001	42.16	.02
RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	0	0		.00		.000	.00	.00
@HOME HEALTH AGENCY	6	24	\$	1,572.99	\$	.003	\$ 262.17	\$.22
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,167	4,888	\$	618,438.24	\$	.671	\$ 529.94	\$ 84.87
HOSP INPATIENT TOTAL	61	335		479,968.61		.046	7868.34	65.87
HSC HOSPITALS	25	197		250,008.08		.027	10000.32	34.31
NON-HSC HOSPITAL TOTAL	39	138		229,960.53		.019	5896.42	31.56
ACCOMMODATIONS	39	138		69,908.72		.019	1792.53	9.59
ADMINISTRATIVE DAYS	1	2		462.60		.000	462.60	.06
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00

ALL OTHER ACCOM	38	136	69,446.12	510.63	.019	1827.53	9.53
ANCILLARIES	38	0	160,051.81	.00	.000	4211.89	21.96
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,136	4,553	138,469.63	30.41	.625	121.89	19.00
MEDICAL	696	1,084	49,275.65	45.46	.149	70.80	6.76
SURGERY	33	38	1,680.52	44.22	.005	50.92	.23
PATHOLOGY	373	1,313	15,203.47	11.58	.180	40.76	2.09
RADIOLOGY	309	425	23,777.28	55.95	.058	76.95	3.26
ROOM USE	729	1,007	38,958.92	38.69	.138	53.44	5.35
CROSSOVERS/ALL OTH OUTPTNT	329	686	9,573.79	13.96	.094	29.10	1.31
@COUNTY HOSPITAL TOTAL	15	65	\$ 1,865.57	\$ 28.70	.009	\$ 124.37	\$.26
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	65	1,865.57	28.70	.009	124.37	.26
MEDICAL	9	10	255.91	25.59	.001	28.43	.04
SURGERY	2	4	178.86	44.72	.001	89.43	.02
PATHOLOGY	5	18	246.90	13.72	.002	49.38	.03
RADIOLOGY	4	4	130.10	32.53	.001	32.53	.02
ROOM USE	15	18	753.14	41.84	.002	50.21	.10
CROSSOVERS/ALL OTH OUTPTNT	5	11	300.66	27.33	.002	60.13	.04

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MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES 01/29/04

	7,287 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,155	4,823	\$	616,572.67	\$ 127.84	.662	\$ 533.83	\$ 84.61
COMM HOSP INPATIENT TOTAL	61	335		479,968.61	1432.74	.046	7868.34	65.87
HSC HOSPITALS	25	197		250,008.08	1269.08	.027	10000.32	34.31
NON-HSC HOSPITALS TOTAL	39	138		229,960.53	1666.38	.019	5896.42	31.56
ACCOMMODATIONS	39	138		69,908.72	506.58	.019	1792.53	9.59
ADMINISTRATIVE DAYS	1	2		462.60	231.30	.000	462.60	.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	38	136		69,446.12	510.63	.019	1827.53	9.53
ANCILLARIES	38	0		160,051.81	.00	.000	4211.89	21.96
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,124	4,488		136,604.06	30.44	.616	121.53	18.75
MEDICAL	688	1,074		49,019.74	45.64	.147	71.25	6.73
SURGERY	31	34		1,501.66	44.17	.005	48.44	.21
PATHOLOGY	369	1,295		14,956.57	11.55	.178	40.53	2.05
RADIOLOGY	306	421		23,647.18	56.17	.058	77.28	3.25
ROOM USE	716	989		38,205.78	38.63	.136	53.36	5.24
CROSSOVERS/ALL OTH OUTPTNT	324	675		9,273.13	13.74	.093	28.62	1.27
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	8	\$ 156.88	\$ 19.61	.001	\$ 156.88	\$.02
HOSPITAL BASED	1	8	156.88	19.61	.001	156.88	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	155	472	\$ 7,925.65	\$ 16.79	.065	\$ 51.13	\$ 1.09
PATHOLOGY	155	472	7,925.65	16.79	.065	51.13	1.09
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,024	1,535	\$ 258,907.91	\$ 168.67	.211	\$ 252.84	\$ 35.53
CLINIC	16	41	992.74	24.21	.006	62.05	.14
SURGICENTER	9	71	2,220.81	31.28	.010	246.76	.30
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,001	1,423	255,694.36	179.69	.195	255.44	35.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 728
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

	7,287 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	515	3,838	\$	46,861.00	\$ 12.21	.527	\$ 90.99	\$ 6.43
DURABLE MED. EQUIP.	20	27		1,837.40	68.05	.004	91.87	.25
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		669.28	669.28	.000	669.28	.09
MEDICAL TRANSPORTATION	73	1,010		16,946.88	16.78	.139	232.15	2.33
AMBULANCES/AIR TRANS	73	1,007		11,546.88	11.47	.138	158.18	1.58
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	3		5,400.00	1800.00	.000	2700.00	.74
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9		895.00	99.44	.001	99.44	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	59	125		1,211.00	9.69	.017	20.53	.17
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	27		3,074.84	113.88	.004	439.26	.42
PROSTHETICS	4	24		2,867.18	119.47	.003	716.80	.39
ORTHOTICS	3	3		207.66	69.22	.000	69.22	.03
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	347	2,339		22,015.80	9.41	.321	63.45	3.02
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	300		210.80	.70	.041	105.40	.03
@CALIF. CHILDREN SERVICES*	20	1,380	\$	144,185.92	\$ 104.48	.189	\$ 7209.30	\$ 19.79
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

14,797 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	10,071	243,626	\$ 5,684,939.90	\$ 23.33	16.465	\$	564.49	\$ 384.20
@PHYSICIANS SERVICES	2,813	9,429	\$ 321,629.21	\$ 34.11	.637	\$	114.34	\$ 21.74
OUTPATIENT VISITS	1,281	1,760	62,021.42	35.24	.119		48.42	4.19
OFFICE VISITS	1,096	1,474	47,153.44	31.99	.100		43.02	3.19
HOME VISITS	5	6	223.10	37.18	.000		44.62	.02
EMERGENCY ROOM	108	129	7,486.40	58.03	.009		69.32	.51
PREVENTIVE CARE	2	2	71.89	35.95	.000		35.95	.00
OB VISITS/COMPRE PERI	40	60	4,807.92	80.13	.004		120.20	.32
OTHER OUTPATIENT	80	89	2,278.67	25.60	.006		28.48	.15
INPATIENT VISITS	161	594	37,277.43	62.76	.040		231.54	2.52
HOSPITAL VISITS	123	426	19,812.96	46.51	.029		161.08	1.34
CRITICAL CARE	16	121	16,076.72	132.87	.008		1004.80	1.09
SNF/ICF/TRANS IP CARE	33	47	1,387.75	29.53	.003		42.05	.09
OPHTHALMOLOGICAL SERVICES	24	33	1,303.47	39.50	.002		54.31	.09
EXAMINATIONS	24	33	1,303.47	39.50	.002		54.31	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	111	1,558	79,824.29	51.24	.105		719.14	5.39
PRINCIPAL SURGEON	78	106	63,810.96	601.99	.007		818.09	4.31
ASSISTANT SURGEON	14	14	4,662.34	333.02	.001		333.02	.32
ANESTHESIOLOGIST	45	1,438	11,350.99	7.89	.097		252.24	.77
OUTPATIENT SURGERY	170	467	33,372.60	71.46	.032		196.31	2.26
PRINCIPAL SURGEON	142	173	27,186.65	157.15	.012		191.46	1.84
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	38	294	6,185.95	21.04	.020		162.79	.42
DIALYSIS	13	70	3,470.44	49.58	.005		266.96	.23
PATHOLOGY	201	518	7,830.61	15.12	.035		38.96	.53
RADIOLOGY	735	1,222	42,740.89	34.98	.083		58.15	2.89
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	42	65	1,114.71	17.15	.004		26.54	.08
OTHER SERVICES/ALL X-OVERS	1,037	3,142	52,673.35	16.76	.212		50.79	3.56
@PHARMACY	7,297	75,305	\$ 2,294,382.02	\$ 30.47	5.089	\$	314.43	\$ 155.06
PRESCRIPTION DRUGS	7,227	28,219	2,228,186.39	78.96	1.907		308.31	150.58
SNF/ICF	109	771	60,874.67	78.96	.052		558.48	4.11
OUTPATIENTS	7,123	27,448	2,167,311.72	78.96	1.855		304.27	146.47
MEDICAL SUPPLIES	498	47,086	66,195.63	1.41	3.182		132.92	4.47
@DENTIST	527	2,699	\$ 116,869.25	\$ 43.30	.182	\$	221.76	\$ 7.90
VISITS - DIAGNOSTIC	354	1,588	21,850.00	13.76	.107		61.72	1.48
ORAL SURGERY	102	284	18,608.00	65.52	.019		182.43	1.26
DRUGS	13	13	190.00	14.62	.001		14.62	.01
ANESTHESIA	6	6	600.00	100.00	.000		100.00	.04
PERIODONTICS	20	24	3,072.00	128.00	.002		153.60	.21
ENDODONTICS	53	107	16,292.00	152.26	.007		307.40	1.10
RESTORATIVE DENTISTRY	171	548	37,937.25	69.23	.037		221.86	2.56
PROSTHETICS	3	3	60.00	20.00	.000		20.00	.00
DENTURES, STAYPLATES	56	100	16,662.00	166.62	.007		297.54	1.13
SPACE MAINTAINERS	4	6	573.00	95.50	.000		143.25	.04
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000		50.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	4	4	825.00	206.25	.000		206.25	.06
ALL OTHER SERVICES	13	15	150.00	10.00	.001		11.54	.01

14,797 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	314	704	\$	16,904.30	\$ 24.01	.048	\$ 53.84	\$ 1.14
DIAGNOSTIC AND ANC. PROCED	178	179		7,165.99	40.03	.012	40.26	.48
EYE APPLIANCES	176	480		8,572.22	17.86	.032	48.71	.58
OTHER OPTOMETRIC SERVICES	46	45		1,166.09	25.91	.003	25.35	.08
@CHIROPRACTOR	41	56	\$	893.78	\$ 15.96	.004	\$ 21.80	\$.06
VISITS	34	45		744.04	16.53	.003	21.88	.05
OTHER SERVICES	7	11		149.74	13.61	.001	21.39	.01
@PODIATRIST	113	145	\$	2,760.16	\$ 19.04	.010	\$ 24.43	\$.19
MEDICINE/INJECTIONS	35	37		1,237.80	33.45	.003	35.37	.08
SURGERY/ANES.	7	9		241.53	26.84	.001	34.50	.02
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	74	97		1,246.23	12.85	.007	16.84	.08
@HOME HEALTH AGENCY	33	648	\$	23,249.55	\$ 35.88	.044	\$ 704.53	\$ 1.57
NURSE ANESTHESIST	4	71	\$	170.36	\$ 2.40	.005	\$ 42.59	\$.01

NURSE MIDWIFE	3	15	\$	1,483.17	\$	98.88	.001	\$	494.39	\$	.10
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2,241	12,950	\$	1,551,081.39	\$	119.77	.875	\$	692.14	\$	104.82	
HOSP INPATIENT TOTAL	212	1,009		1,199,291.21		1188.59	.068		5657.03		81.05	
HSC HOSPITALS	60	385		441,353.11		1146.37	.026		7355.89		29.83	
NON-HSC HOSPITAL TOTAL	93	372		701,985.14		1887.06	.025		7548.23		47.44	
ACCOMMODATIONS	93	372		212,740.76		571.88	.025		2287.54		14.38	
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.03	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	92	370		212,278.16		573.72	.025		2307.37		14.35	
ANCILLARIES	92	0		489,244.38		.00	.000		5317.87		33.06	
INPATIENT CROSSOVERS	67	252		55,952.96		222.04	.017		835.12		3.78	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	2,108	11,941		351,790.18		29.46	.807		166.88		23.77	
MEDICAL	1,002	1,643		76,067.16		46.30	.111		75.92		5.14	
SURGERY	87	96		3,756.51		39.13	.006		43.18		.25	
PATHOLOGY	846	3,970		43,169.42		10.87	.268		51.03		2.92	
RADIOLOGY	600	903		63,014.51		69.78	.061		105.02		4.26	
ROOM USE	1,190	1,723		68,888.77		39.98	.116		57.89		4.66	
CROSSOVERS/ALL OTH OUTPTNT	629	3,606		96,893.81		26.87	.244		154.04		6.55	
@COUNTY HOSPITAL TOTAL	33	174	\$	12,676.45	\$	72.85	.012	\$	384.13	\$	.86
CO HOSPITAL INPATIENT TOTAL	1	8		7,320.00		915.00	.001		7320.00		.49	
HSC HOSPITALS	1	8		7,320.00		915.00	.001		7320.00		.49	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	0	0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	32	166		5,356.45		32.27	.011		167.39		.36	
MEDICAL	15	18		441.68		24.54	.001		29.45		.03	
SURGERY	4	6		265.87		44.31	.000		66.47		.02	
PATHOLOGY	16	69		815.13		11.81	.005		50.95		.06	
RADIOLOGY	9	12		1,871.62		155.97	.001		207.96		.13	
ROOM USE	25	31		1,434.82		46.28	.002		57.39		.10	
CROSSOVERS/ALL OTH OUTPTNT	13	30		527.33		17.58	.002		40.56		.04	
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003												
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SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL												

					----- MONTHLY AVERAGE -----			
14,797 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,217	12,776	\$ 1,538,404.94	\$ 120.41	.863	\$ 693.91	\$ 103.97	
COMM HOSP INPATIENT TOTAL	211	1,001	1,191,971.21	1190.78	.068	5649.15	80.55	
HSC HOSPITALS	59	377	434,033.11	1151.28	.025	7356.49	29.33	
NON-HSC HOSPITALS TOTAL	93	372	701,985.14	1887.06	.025	7548.23	47.44	
ACCOMMODATIONS	93	372	212,740.76	571.88	.025	2287.54	14.38	
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.03	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	92	370	212,278.16	573.72	.025	2307.37	14.35	
ANCILLARIES	92	0	489,244.38	.00	.000	5317.87	33.06	
INPATIENT CROSSOVERS	67	252	55,952.96	222.04	.017	835.12	3.78	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	2,085	11,775	346,433.73	29.42	.796	166.16	23.41	
MEDICAL	991	1,625	75,625.48	46.54	.110	76.31	5.11	
SURGERY	83	90	3,490.64	38.78	.006	42.06	.24	
PATHOLOGY	833	3,901	42,354.29	10.86	.264	50.85	2.86	

RADIOLOGY	593	891		61,142.89	68.62	.060	103.11	4.13
ROOM USE	1,172	1,692		67,453.95	39.87	.114	57.55	4.56
CROSSOVERS/ALL OTH OUTPTNT	620	3,576		96,366.48	26.95	.242	155.43	6.51
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	119	3,331	\$	412,652.90	123.88	.225	3467.67	27.89
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	119	3,331		412,652.90	123.88	.225	3467.67	27.89
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	33	324	\$	46,096.24	142.27	.022	1396.86	3.12
HOSPITAL BASED	12	138		26,794.36	194.16	.009	2232.86	1.81
HEMODIALYSIS CENTER	21	186		19,301.88	103.77	.013	919.14	1.30
@REHABILITATION FACILITY	1	8	\$	156.88	19.61	.001	156.88	.01
HOSPITAL BASED	1	8		156.88	19.61	.001	156.88	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	333	1,420	\$	20,307.16	14.30	.096	60.98	1.37
PATHOLOGY	312	1,381		20,146.05	14.59	.093	64.57	1.36
XO AND OTHERS	21	39		161.11	4.13	.003	7.67	.01
@ORGANIZED OUTPATIENT CLINIC	2,161	3,337	\$	478,053.43	143.26	.226	221.22	32.31
CLINIC	31	75		1,955.14	26.07	.005	63.07	.13
SURGICENTER	15	91		3,147.25	34.59	.006	209.82	.21
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,119	3,171		472,951.04	149.15	.214	223.20	31.96
#CALIF DEPT OF HEALTH SERV								
MOP024								
AMADOR COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

PAGE 732
01/29/04

	14,797 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,740	133,184	\$	398,250.10	2.99	9.001	228.88	26.91
DURABLE MED. EQUIP.	130	435		62,254.54	143.11	.029	478.88	4.21
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3		1,143.70	381.23	.000	381.23	.08
MEDICAL TRANSPORTATION	251	13,292		58,472.59	4.40	.898	232.96	3.95
AMBULANCES/AIR TRANS	185	2,644		30,564.70	11.56	.179	165.21	2.07
OTHER TRANS	32	9,779		20,542.77	2.10	.661	641.96	1.39
OTHER SERVICES	42	869		7,365.12	8.48	.059	175.36	.50
ACUPUNCTURE	9	36		616.35	17.12	.002	68.48	.04
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9		895.00	99.44	.001	99.44	.06
IHMC,MODEL-NF,NF,AIDS,MSSP	241	3,296		122,433.65	37.15	.223	508.02	8.27
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	191	420		4,586.51	10.92	.028	24.01	.31
PHYSICAL THERAPIST	1	3		12.03	4.01	.000	12.03	.00
PORTABLE X-RAY	1	2		1.30	.65	.000	1.30	.00
PROSTHETIST/ORTHOTISTS	27	117		15,321.95	130.96	.008	567.48	1.04
PROSTHETICS	17	107		14,747.20	137.82	.007	867.48	1.00
ORTHOTICS	10	10		574.75	57.48	.001	57.48	.04
PSYCHOLOGIST	1	1		.33	.33	.000	.33	.00
SPEECH AND AUDIOLOGY	33	81		3,630.18	44.82	.005	110.01	.25
HOSPICE SERVICES	3	42		4,813.16	114.60	.003	1604.39	.33
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	455	17,958		71,723.09	3.99	1.214	157.63	4.85
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	547	97,489		52,345.72	.54	6.588	95.70	3.54
@CALIF. CHILDREN SERVICES*	94	13,978	\$	218,941.93	\$ 15.66	.945	\$ 2329.17	\$ 14.80
@XOVER EXCLUDING STATE HOSP**	1,251	12,708	\$	165,256.78	\$ 13.00	.859	\$ 132.10	\$ 11.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 733
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

1,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,091	8,724	\$ 382,583.24	\$ 43.85	6.303	\$ 350.67	\$ 276.43
@PHYSICIANS SERVICES	213	1,371	\$ 15,286.77	\$ 11.15	.991	\$ 71.77	\$ 11.05
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	3	68.34	22.78	.002	22.78	.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	210	1,368	15,218.43	11.12	.988	72.47	11.00
@PHARMACY	926	3,750	\$ 229,111.77	\$ 61.10	2.710	\$ 247.42	\$ 165.54
PRESCRIPTION DRUGS	922	3,587	226,833.89	63.24	2.592	246.02	163.90
SNF/ICF	16	108	4,691.00	43.44	.078	293.19	3.39
OUTPATIENTS	907	3,479	222,142.89	63.85	2.514	244.92	160.51
MEDICAL SUPPLIES	33	163	2,277.88	13.97	.118	69.03	1.65
@DENTIST	31	121	\$ 6,642.00	\$ 54.89	.087	\$ 214.26	\$ 4.80
VISITS - DIAGNOSTIC	15	73	708.00	9.70	.053	47.20	.51
ORAL SURGERY	4	15	967.00	64.47	.011	241.75	.70
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.001	118.00	.09
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	9	1,004.00	111.56	.007	167.33	.73
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02

DENTURES, STAYPLATES	10	17	3,815.00	224.41	.012	381.50	2.76
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	5	.00	.00	.004	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 734
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

1,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	47	85	\$ 1,748.36	\$ 20.57	.061	\$ 37.20	\$ 1.26
DIAGNOSTIC AND ANC. PROCED	16	16	252.03	15.75	.012	15.75	.18
EYE APPLIANCES	25	63	1,163.52	18.47	.046	46.54	.84
OTHER OPTOMETRIC SERVICES	9	6	332.81	55.47	.004	36.98	.24
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.001	\$ 16.72	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.001	16.72	.01
@PODIATRIST	23	35	\$ 288.91	\$ 8.25	.025	\$ 12.56	\$.21
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	23	35	288.91	8.25	.025	12.56	.21
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	48	297	\$ 34,254.13	\$ 115.33	.215	\$ 713.63	\$ 24.75
HOSP INPATIENT TOTAL	17	130	30,231.24	232.55	.094	1778.31	21.84
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	17	130	30,231.24	232.55	.094	1778.31	21.84
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	32	167	4,022.89	24.09	.121	125.72	2.91
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	7	89.55	12.79	.005	89.55	.06
RADIOLOGY	2	2	115.22	57.61	.001	57.61	.08
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	29	158	3,818.12	24.17	.114	131.66	2.76
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 735
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	1,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	48	297	\$	34,254.13	\$ 115.33	.215	\$ 713.63	\$ 24.75
COMM HOSP INPATIENT TOTAL	17	130		30,231.24	232.55	.094	1778.31	21.84
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	17	130		30,231.24	232.55	.094	1778.31	21.84
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	32	167		4,022.89	24.09	.121	125.72	2.91
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	7		89.55	12.79	.005	89.55	.06
RADIOLOGY	2	2		115.22	57.61	.001	57.61	.08
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	29	158		3,818.12	24.17	.114	131.66	2.76
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	20	313	\$	50,020.10	159.81	.226	2501.01	36.14
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	20	313		50,020.10	159.81	.226	2501.01	36.14
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	29	\$	230.26	7.94	.021	230.26	.17
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	29		230.26	7.94	.021	230.26	.17
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	26	\$	68.32	2.63	.019	22.77	.05
PATHOLOGY	1	24		56.08	2.34	.017	56.08	.04
XO AND OTHERS	2	2		12.24	6.12	.001	6.12	.01
@ORGANIZED OUTPATIENT CLINIC	174	266	\$	23,443.56	88.13	.192	134.73	16.94
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	2		403.06	201.53	.001	201.53	.29
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	173	264		23,040.50	87.27	.191	133.18	16.65

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

AID CODE 14 1H 1U 1X

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01/29/04

1,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	155	2,430	\$ 21,472.34	\$ 8.84	1.756	\$ 138.53	\$ 15.51
DURABLE MED. EQUIP.	3	3	209.08	69.69	.002	69.69	.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	1,043.62	521.81	.001	521.81	.75
MEDICAL TRANSPORTATION	11	295	1,384.72	4.69	.213	125.88	1.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	6	136	1,027.89	7.56	.098	171.32	.74
OTHER SERVICES	6	159	356.83	2.24	.115	59.47	.26
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	35	272	11,971.41	44.01	.197	342.04	8.65
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00

OPTICIAN	27	61	712.09	11.67	.044	26.37	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.13	.13	.001	.13	.00
PROSTHETIST/ORTHOTISTS	1	2	72.20	36.10	.001	72.20	.05
PROSTHETICS	1	2	72.20	36.10	.001	72.20	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	145.00	145.00	.001	145.00	.10
HOSPICE SERVICES	1	25	2,736.72	109.47	.018	2736.72	1.98
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	85	1,768	3,197.37	1.81	1.277	37.62	2.31
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	327	2,084	\$ 69,600.86	\$ 33.40	1.506	\$ 212.85	\$ 50.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 737
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6	94	\$ 2,316.70	\$ 24.65	15.667	\$ 386.12	\$ 386.12
@PHYSICIANS SERVICES	5	5	\$ 122.32	\$ 24.46	.833	\$ 24.46	\$ 20.39
OUTPATIENT VISITS	3	3	72.11	24.04	.500	24.04	12.02
OFFICE VISITS	3	3	72.11	24.04	.500	24.04	12.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	34.62	34.62	.167	34.62	5.77
PRINCIPAL SURGEON	1	1	34.62	34.62	.167	34.62	5.77
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	15.59	15.59	.167	15.59	2.60
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	3	9	\$ 214.07	\$ 23.79	1.500	\$ 71.36	\$ 35.68
PRESCRIPTION DRUGS	3	9	214.07	23.79	1.500	71.36	35.68
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	9	214.07	23.79	1.500	71.36	35.68

MEDICAL SUPPLIES	0	0		.00		.00		.000		.00		.00
@DENTIST	1	13	\$	539.10	\$	41.47		2.167	\$	539.10	\$	89.85
VISITS - DIAGNOSTIC	1	10		184.00		18.40		1.667		184.00		30.67
ORAL SURGERY	1	1		.00		.00		.167		.00		.00
DRUGS	0	0		.00		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.00		.000		.00		.00
ENDODONTICS	1	1		215.00		215.00		.167		215.00		35.83
RESTORATIVE DENTISTRY	0	0		.00		.00		.000		.00		.00
PROSTHETICS	0	0		.00		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00		.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		140.10		140.10		.167		140.10		23.35
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00		.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024
AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

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06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 55.00	\$ 55.00	.167	\$ 55.00	\$ 9.17
MEDICINE/INJECTIONS	1	1	55.00	55.00	.167	55.00	9.17
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	4	\$ 106.26	\$ 26.57	.667	\$ 35.42	\$ 17.71
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	4	106.26	26.57	.667	35.42	17.71
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	97.93	32.64	.500	32.64	16.32
CROSSOVERS/ALL OTH OUTPTNT	1	1	8.33	8.33	.167	8.33	1.39
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

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06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	4	\$ 106.26	\$ 26.57	.667	\$ 35.42	\$ 17.71
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	4	106.26	26.57	.667	35.42	17.71
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	97.93	32.64	.500	32.64	16.32
CROSSOVERS/ALL OTH OUTPTNT	1	1	8.33	8.33	.167	8.33	1.39
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00

PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	10	\$	886.34	\$	88.63	1.667	\$ 221.59	\$ 147.72
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	1	7		268.34		38.33	1.167	268.34	44.72
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	3	3		618.00		206.00	.500	206.00	103.00
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MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								AID CODE 24
							----- MONTHLY AVERAGE -----		
06 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	2	52	\$	393.61	\$ 7.57	8.667	\$ 196.81	\$ 65.60	
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	36.40	12.13	.500	36.40	6.07
PROSTHETICS	1	3	36.40	12.13	.500	36.40	6.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	49	357.21	7.29	8.167	178.61	59.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 741
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

1,180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	939	26,019	\$ 552,791.82	\$ 21.25	22.050	\$ 588.70	\$ 468.47
@PHYSICIANS SERVICES	231	678	\$ 17,965.09	\$ 26.50	.575	\$ 77.77	\$ 15.22
OUTPATIENT VISITS	62	77	2,660.01	34.55	.065	42.90	2.25
OFFICE VISITS	59	73	2,525.17	34.59	.062	42.80	2.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.001	44.60	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	90.24	30.08	.003	30.08	.08
INPATIENT VISITS	6	39	1,373.41	35.22	.033	228.90	1.16
HOSPITAL VISITS	5	38	1,345.91	35.42	.032	269.18	1.14
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.001	27.50	.02
OPHTHALMOLOGICAL SERVICES	5	5	272.59	54.52	.004	54.52	.23
EXAMINATIONS	5	5	272.59	54.52	.004	54.52	.23
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	10	991.28	99.13	.008	330.43	.84
PRINCIPAL SURGEON	3	3	738.61	246.20	.003	246.20	.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	252.67	36.10	.006	126.34	.21
OUTPATIENT SURGERY	16	39	4,779.25	122.54	.033	298.70	4.05
PRINCIPAL SURGEON	16	21	4,375.20	208.34	.018	273.45	3.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	18	404.05	22.45	.015	202.03	.34

DIALYSIS	2	11		391.24		35.57	.009	195.62	.33
PATHOLOGY	4	8		348.23		43.53	.007	87.06	.30
RADIOLOGY	33	50		1,975.68		39.51	.042	59.87	1.67
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	25		72.38		2.90	.021	10.34	.06
OTHER SERVICES/ALL X-OVERS	145	414		5,101.02		12.32	.351	35.18	4.32
@PHARMACY	814	8,114	\$	325,781.24	\$	40.15	6.876	\$ 400.22	\$ 276.09
PRESCRIPTION DRUGS	810	3,454		322,241.26		93.30	2.927	397.83	273.09
SNF/ICF	26	223		19,335.77		86.71	.189	743.68	16.39
OUTPATIENTS	786	3,231		302,905.49		93.75	2.738	385.38	256.70
MEDICAL SUPPLIES	47	4,660		3,539.98		.76	3.949	75.32	3.00
@DENTIST	42	149	\$	7,037.00	\$	47.23	.126	\$ 167.55	\$ 5.96
VISITS - DIAGNOSTIC	24	96		1,356.00		14.13	.081	56.50	1.15
ORAL SURGERY	6	11		985.00		89.55	.009	164.17	.83
DRUGS	1	1		15.00		15.00	.001	15.00	.01
ANESTHESIA	1	1		100.00		100.00	.001	100.00	.08
PERIODONTICS	1	1		55.00		55.00	.001	55.00	.05
ENDODONTICS	2	3		690.00		230.00	.003	345.00	.58
RESTORATIVE DENTISTRY	16	29		3,036.00		104.69	.025	189.75	2.57
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	4	7		800.00		114.29	.006	200.00	.68
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

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	1,180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	24	63	\$	1,281.64	\$ 20.34	.053	\$ 53.40	\$ 1.09
DIAGNOSTIC AND ANC. PROCED	10	10		376.16	37.62	.008	37.62	.32
EYE APPLIANCES	17	49		832.87	17.00	.042	48.99	.71
OTHER OPTOMETRIC SERVICES	3	4		72.61	18.15	.003	24.20	.06
@CHIROPRACTOR	2	7	\$	48.56	\$ 6.94	.006	\$ 24.28	\$.04
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	7		48.56	6.94	.006	24.28	.04
@PODIATRIST	17	18	\$	383.15	\$ 21.29	.015	\$ 22.54	\$.32
MEDICINE/INJECTIONS	3	3		95.00	31.67	.003	31.67	.08
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1		17.30	17.30	.001	17.30	.01
OTHER	14	14		270.85	19.35	.012	19.35	.23
@HOME HEALTH AGENCY	5	44	\$	1,390.16	\$ 31.59	.037	\$ 278.03	\$ 1.18
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	113	571	\$	75,757.63	\$ 132.68	.484	\$ 670.42	\$ 64.20
HOSP INPATIENT TOTAL	10	72		63,268.88	878.73	.061	6326.89	53.62
HSC HOSPITALS	2	30		36,885.00	1229.50	.025	18442.50	31.26
NON-HSC HOSPITAL TOTAL	4	13		22,376.82	1721.29	.011	5594.21	18.96
ACCOMMODATIONS	4	13		5,080.61	390.82	.011	1270.15	4.31
ADMINISTRATIVE DAYS	2	9		2,081.70	231.30	.008	1040.85	1.76
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4		2,998.91	749.73	.003	1499.46	2.54
ANCILLARIES	4	0		17,296.21	.00	.000	4324.05	14.66
INPATIENT CROSSOVERS	5	29		4,007.06	138.17	.025	801.41	3.40
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	105	499		12,488.75	25.03	.423	118.94	10.58
MEDICAL	22	31		1,558.63	50.28	.026	70.85	1.32
SURGERY	8	8		430.54	53.82	.007	53.82	.36
PATHOLOGY	55	264		2,614.82	9.90	.224	47.54	2.22
RADIOLOGY	28	34		2,440.99	71.79	.029	87.18	2.07
ROOM USE	26	44		2,258.11	51.32	.037	86.85	1.91
CROSSOVERS/ALL OTH OUTPTNT	33	118		3,185.66	27.00	.100	96.54	2.70
@COUNTY HOSPITAL TOTAL	1	5	\$	840.00	\$ 168.00	.004	\$ 840.00	\$.71
CO HOSPITAL INPATIENT TOTAL	1	5		840.00	168.00	.004	840.00	.71
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	5		840.00	168.00	.004	840.00	.71
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
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AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

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1,180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	112	566	\$ 74,917.63	\$ 132.36	.480	\$ 668.91	\$ 63.49
COMM HOSP INPATIENT TOTAL	9	67	62,428.88	931.77	.057	6936.54	52.91
HSC HOSPITALS	2	30	36,885.00	1229.50	.025	18442.50	31.26
NON-HSC HOSPITALS TOTAL	4	13	22,376.82	1721.29	.011	5594.21	18.96
ACCOMMODATIONS	4	13	5,080.61	390.82	.011	1270.15	4.31
ADMINISTRATIVE DAYS	2	9	2,081.70	231.30	.008	1040.85	1.76
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	2,998.91	749.73	.003	1499.46	2.54
ANCILLARIES	4	0	17,296.21	.00	.000	4324.05	14.66
INPATIENT CROSSOVERS	4	24	3,167.06	131.96	.020	791.77	2.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	105	499	12,488.75	25.03	.423	118.94	10.58
MEDICAL	22	31	1,558.63	50.28	.026	70.85	1.32
SURGERY	8	8	430.54	53.82	.007	53.82	.36
PATHOLOGY	55	264	2,614.82	9.90	.224	47.54	2.22
RADIOLOGY	28	34	2,440.99	71.79	.029	87.18	2.07
ROOM USE	26	44	2,258.11	51.32	.037	86.85	1.91
CROSSOVERS/ALL OTH OUTPTNT	33	118	3,185.66	27.00	.100	96.54	2.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	11	383	\$ 47,340.02	\$ 123.60	.325	\$ 4303.64	\$ 40.12
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	11	383	47,340.02	123.60	.325	4303.64	40.12
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	13	\$	1,765.49	\$ 135.81	.011	\$ 1765.49	\$ 1.50
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	13		1,765.49	135.81	.011	1765.49	1.50
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	19	61	\$	926.30	\$ 15.19	.052	\$ 48.75	\$.79
PATHOLOGY	15	53		881.79	16.64	.045	58.79	.75
XO AND OTHERS	4	8		44.51	5.56	.007	11.13	.04
@ORGANIZED OUTPATIENT CLINIC	224	375	\$	44,372.19	\$ 118.33	.318	\$ 198.09	\$ 37.60
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	1		199.88	199.88	.001	199.88	.17
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	223	374		44,172.31	118.11	.317	198.08	37.43
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AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

	1,180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	89	15,543	\$	28,743.35	\$ 1.85	13.172	\$ 322.96	\$ 24.36
DURABLE MED. EQUIP.	3	6		5,431.51	905.25	.005	1810.50	4.60
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	286		3,623.75	12.67	.242	329.43	3.07
AMBULANCES/AIR TRANS	5	106		1,547.38	14.60	.090	309.48	1.31
OTHER TRANS	2	65		180.65	2.78	.055	90.33	.15
OTHER SERVICES	5	115		1,895.72	16.48	.097	379.14	1.61
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	20	41		473.27	11.54	.035	23.66	.40
PHYSICAL THERAPIST	1	6		.56	.09	.005	.56	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	48		10,764.19	224.25	.041	3588.06	9.12
PROSTHETICS	3	48		10,764.19	224.25	.041	3588.06	9.12
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1		6.08	6.08	.001	6.08	.01
SPEECH AND AUDIOLOGY	1	2		71.81	35.91	.002	71.81	.06
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	3,209		4,807.80	1.50	2.719	600.98	4.07
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	53	11,944		3,564.38	.30	10.122	67.25	3.02
@CALIF. CHILDREN SERVICES*	3	10	\$	1,400.45	\$ 140.05	.008	\$ 466.82	\$ 1.19
@XOVER EXCLUDING STATE HOSP**	188	5,302	\$	15,233.56	\$ 2.87	4.493	\$ 81.03	\$ 12.91

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE	745
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AMADOR COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K		

----- MONTHLY AVERAGE -----

15,251 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,163	42,032 \$	2,363,728.63	\$ 56.24	2.756	\$ 329.99	\$ 154.99
@PHYSICIANS SERVICES	2,152	6,701 \$	269,178.15	\$ 40.17	.439	\$ 125.08	\$ 17.65
OUTPATIENT VISITS	1,351	1,854	68,859.80	37.14	.122	50.97	4.52
OFFICE VISITS	1,163	1,498	48,610.68	32.45	.098	41.80	3.19
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	82	84	4,627.57	55.09	.006	56.43	.30
PREVENTIVE CARE	5	5	265.18	53.04	.000	53.04	.02
OB VISITS/COMPRE PERI	99	209	13,687.90	65.49	.014	138.26	.90
OTHER OUTPATIENT	47	58	1,668.47	28.77	.004	35.50	.11
INPATIENT VISITS	109	298	17,258.68	57.92	.020	158.34	1.13
HOSPITAL VISITS	100	257	11,770.69	45.80	.017	117.71	.77
CRITICAL CARE	11	38	5,366.69	141.23	.002	487.88	.35
SNF/ICF/TRANS IP CARE	2	3	121.30	40.43	.000	60.65	.01
OPHTHALMOLOGICAL SERVICES	6	6	258.20	43.03	.000	43.03	.02

EXAMINATIONS	6	6	258.20	43.03	.000	43.03	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	134	1,588	84,300.43	53.09	.104	629.11	5.53
PRINCIPAL SURGEON	90	107	71,619.82	669.34	.007	795.78	4.70
ASSISTANT SURGEON	14	14	2,661.02	190.07	.001	190.07	.17
ANESTHESIOLOGIST	47	1,467	10,019.59	6.83	.096	213.18	.66
OUTPATIENT SURGERY	206	614	35,099.07	57.16	.040	170.38	2.30
PRINCIPAL SURGEON	170	207	27,753.89	134.08	.014	163.26	1.82
ASSISTANT SURGEON	3	3	491.02	163.67	.000	163.67	.03
ANESTHESIOLOGIST	53	404	6,854.16	16.97	.026	129.32	.45
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	196	315	7,888.39	25.04	.021	40.25	.52
RADIOLOGY	650	1,009	31,976.57	31.69	.066	49.19	2.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	50	176	5,218.81	29.65	.012	104.38	.34
OTHER SERVICES/ALL X-OVERS	227	841	18,318.20	21.78	.055	80.70	1.20
@PHARMACY	3,767	10,316	\$ 521,383.80	\$ 50.54	.676	\$ 138.41	\$ 34.19
PRESCRIPTION DRUGS	3,748	9,274	515,674.59	55.60	.608	137.59	33.81
SNF/ICF	4	15	289.35	19.29	.001	72.34	.02
OUTPATIENTS	3,747	9,259	515,385.24	55.66	.607	137.55	33.79
MEDICAL SUPPLIES	72	1,042	5,709.21	5.48	.068	79.29	.37
@DENTIST	508	2,431	\$ 104,805.47	\$ 43.11	.159	\$ 206.31	\$ 6.87
VISITS - DIAGNOSTIC	326	1,460	22,876.40	15.67	.096	70.17	1.50
ORAL SURGERY	59	149	11,115.50	74.60	.010	188.40	.73
DRUGS	5	9	30.00	3.33	.001	6.00	.00
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.02
PERIODONTICS	9	9	1,341.00	149.00	.001	149.00	.09
ENDODONTICS	63	129	23,055.00	178.72	.008	365.95	1.51
RESTORATIVE DENTISTRY	194	603	41,053.50	68.08	.040	211.62	2.69
PROSTHETICS	2	2	30.00	15.00	.000	15.00	.00
DENTURES, STAYPLATES	6	10	2,255.00	225.50	.001	375.83	.15
SPACE MAINTAINERS	1	1	111.00	111.00	.000	111.00	.01
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.000	98.07	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	41	45	2,540.00	56.44	.003	61.95	.17
ALL OTHER SERVICES	9	10	.00	.00	.001	.00	.00
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AMADOR COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						

15,251 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	202	450	\$ 11,210.65	\$ 24.91	.030	\$ 55.50	\$.74
DIAGNOSTIC AND ANC. PROCED	137	137	6,356.40	46.40	.009	46.40	.42
EYE APPLIANCES	98	275	4,106.62	14.93	.018	41.90	.27
OTHER OPTOMETRIC SERVICES	30	38	747.63	19.67	.002	24.92	.05
@CHIROPRACTOR	14	16	\$ 267.52	\$ 16.72	.001	\$ 19.11	\$.02
VISITS	14	16	267.52	16.72	.001	19.11	.02
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	21	27	\$ 1,005.02	\$ 37.22	.002	\$ 47.86	\$.07
MEDICINE/INJECTIONS	15	17	703.40	41.38	.001	46.89	.05
SURGERY/ANES.	5	7	245.62	35.09	.000	49.12	.02
RADIO./PATHOLOGY	2	2	34.60	17.30	.000	17.30	.00
OTHER	1	1	21.40	21.40	.000	21.40	.00
@HOME HEALTH AGENCY	6	37	\$ 2,501.44	\$ 67.61	.002	\$ 416.91	\$.16
NURSE ANESTHESIST	1	26	\$ 396.16	\$ 15.24	.002	\$ 396.16	\$.03
NURSE MIDWIFE	4	41	\$ 1,417.84	\$ 34.58	.003	\$ 354.46	\$.09
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	7	165.50	23.64	.000	82.75	.01
@TOTAL HOSPITAL	2,110	8,903	\$ 938,015.56	\$ 105.36	.584	\$ 444.56	\$ 61.51

HOSP INPATIENT TOTAL	118	460	680,533.34	1479.42	.030	5767.23	44.62	
HSC HOSPITALS	43	143	162,920.69	1139.31	.009	3788.85	10.68	
NON-HSC HOSPITAL TOTAL	78	317	516,772.65	1630.20	.021	6625.29	33.88	
ACCOMMODATIONS	77	317	162,307.51	512.01	.021	2107.89	10.64	
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.000	925.20	.06	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	76	313	161,382.31	515.60	.021	2123.45	10.58	
ANCILLARIES	78	0	354,465.14	.00	.000	4544.42	23.24	
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	.06	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	2,051	8,443	257,482.22	30.50	.554	125.54	16.88	
MEDICAL	990	1,612	70,634.81	43.82	.106	71.35	4.63	
SURGERY	90	106	4,939.10	46.60	.007	54.88	.32	
PATHOLOGY	726	3,002	33,298.17	11.09	.197	45.87	2.18	
RADIOLOGY	559	788	57,560.07	73.05	.052	102.97	3.77	
ROOM USE	1,195	1,692	66,236.13	39.15	.111	55.43	4.34	
CROSSOVERS/ALL OTH OUTPTNT	491	1,243	24,813.94	19.96	.082	50.54	1.63	
@COUNTY HOSPITAL TOTAL	13	43	\$ 9,162.24	\$ 213.08	.003	\$ 704.79	\$.60	
CO HOSPITAL INPATIENT TOTAL	2	7	7,363.00	1051.86	.000	3681.50	.48	
HSC HOSPITALS	2	7	7,363.00	1051.86	.000	3681.50	.48	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	11	36	1,799.24	49.98	.002	163.57	.12	
MEDICAL	4	4	112.39	28.10	.000	28.10	.01	
SURGERY	2	2	86.33	43.17	.000	43.17	.01	
PATHOLOGY	3	16	254.52	15.91	.001	84.84	.02	
RADIOLOGY	1	2	97.99	49.00	.000	97.99	.01	
ROOM USE	6	8	249.19	31.15	.001	41.53	.02	
CROSSOVERS/ALL OTH OUTPTNT	4	4	998.82	249.71	.000	249.71	.07	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 747	
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04	
AMADOR COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K							
	15,251 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,101	8,860	\$	928,853.32	\$ 104.84	.581	\$ 442.10	\$ 60.90
COMM HOSP INPATIENT TOTAL	116	453		673,170.34	1486.03	.030	5803.19	44.14
HSC HOSPITALS	41	136		155,557.69	1143.81	.009	3794.09	10.20
NON-HSC HOSPITALS TOTAL	78	317		516,772.65	1630.20	.021	6625.29	33.88
ACCOMMODATIONS	77	317		162,307.51	512.01	.021	2107.89	10.64
ADMINISTRATIVE DAYS	1	4		925.20	231.30	.000	925.20	.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	76	313		161,382.31	515.60	.021	2123.45	10.58
ANCILLARIES	78	0		354,465.14	.00	.000	4544.42	23.24
INPATIENT CROSSOVERS	1	0		840.00	.00	.000	840.00	.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,044	8,407		255,682.98	30.41	.551	125.09	16.76
MEDICAL	987	1,608		70,522.42	43.86	.105	71.45	4.62
SURGERY	88	104		4,852.77	46.66	.007	55.15	.32
PATHOLOGY	723	2,986		33,043.65	11.07	.196	45.70	2.17
RADIOLOGY	558	786		57,462.08	73.11	.052	102.98	3.77
ROOM USE	1,190	1,684		65,986.94	39.18	.110	55.45	4.33
CROSSOVERS/ALL OTH OUTPTNT	489	1,239		23,815.12	19.22	.081	48.70	1.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	4	52	\$	9,392.10	\$ 180.62	.003	\$ 2348.03	\$.62	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	4	52		9,392.10	180.62	.003	2348.03	.62	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	2	3	\$	130.50	\$ 43.50	.000	\$ 65.25	\$.01	
HOSPITAL BASED	2	3		130.50	43.50	.000	65.25	.01	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	390	1,261	\$	23,905.97	\$ 18.96	.083	\$ 61.30	\$ 1.57	
PATHOLOGY	389	1,260		23,861.34	18.94	.083	61.34	1.56	
XO AND OTHERS	1	1		44.63	44.63	.000	44.63	.00	
@ORGANIZED OUTPATIENT CLINIC	1,686	2,464	\$	408,605.72	\$ 165.83	.162	\$ 242.35	\$ 26.79	
CLINIC	31	107		4,256.03	39.78	.007	137.29	.28	
SURGICENTER	12	92		2,894.15	31.46	.006	241.18	.19	
HEROIN DETOX CLINIC	3	21		269.43	12.83	.001	89.81	.02	
RURAL HEALTH CLINIC	1,645	2,244		401,186.11	178.78	.147	243.88	26.31	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 748
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AMADOR COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K								

15,251 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	871	9,297	\$ 71,347.23	\$ 7.67	.610	\$ 81.91	\$ 4.68
DURABLE MED. EQUIP.	38	115	7,953.15	69.16	.008	209.29	.52
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	1,318.17	659.09	.000	659.09	.09
MEDICAL TRANSPORTATION	105	1,634	14,622.81	8.95	.107	139.26	.96
AMBULANCES/AIR TRANS	103	1,597	14,520.88	9.09	.105	140.98	.95
OTHER TRANS	1	8	75.80	9.48	.001	75.80	.00
OTHER SERVICES	1	29	26.13	.90	.002	26.13	.00
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	31	31	3,255.00	105.00	.002	105.00	.21
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	112	248	2,234.72	9.01	.016	19.95	.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.00
PROSTHETIST/ORTHOTISTS	6	10	614.04	61.40	.001	102.34	.04
PROSTHETICS	1	4	221.21	55.30	.000	221.21	.01
ORTHOTICS	5	6	392.83	65.47	.000	78.57	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	277.72	46.29	.000	92.57	.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	1,046.55	1046.55	.000	1046.55	.07
LOCAL EDUCATION AGENCIES	560	3,965	37,505.18	9.46	.260	66.97	2.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	24	3,282		2,432.60		.74	.215	101.36		.16
@CALIF. CHILDREN SERVICES*	68	324	\$	45,331.20	\$	139.91	.021	\$ 666.64	\$	2.97
@XOVER EXCLUDING STATE HOSP**	32	118	\$	2,160.78	\$	18.31	.008	\$ 67.52	\$	.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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AMADOR COUNTY

SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

17,821 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,199	76,869	\$ 3,301,420.39	\$ 42.95	4.313	\$ 358.89	\$ 185.25
@PHYSICIANS SERVICES	2,601	8,755	\$ 302,552.33	\$ 34.56	.491	\$ 116.32	\$ 16.98
OUTPATIENT VISITS	1,416	1,934	71,591.92	37.02	.109	50.56	4.02
OFFICE VISITS	1,225	1,574	51,207.96	32.53	.088	41.80	2.87
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	83	85	4,672.17	54.97	.005	56.29	.26
PREVENTIVE CARE	5	5	265.18	53.04	.000	53.04	.01
OB VISITS/COMPRE PERI	99	209	13,687.90	65.49	.012	138.26	.77
OTHER OUTPATIENT	50	61	1,758.71	28.83	.003	35.17	.10
INPATIENT VISITS	115	337	18,632.09	55.29	.019	162.02	1.05
HOSPITAL VISITS	105	295	13,116.60	44.46	.017	124.92	.74
CRITICAL CARE	11	38	5,366.69	141.23	.002	487.88	.30
SNF/ICF/TRANS IP CARE	3	4	148.80	37.20	.000	49.60	.01
OPHTHALMOLOGICAL SERVICES	11	11	530.79	48.25	.001	48.25	.03
EXAMINATIONS	11	11	530.79	48.25	.001	48.25	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	137	1,598	85,291.71	53.37	.090	622.57	4.79
PRINCIPAL SURGEON	93	110	72,358.43	657.80	.006	778.05	4.06
ASSISTANT SURGEON	14	14	2,661.02	190.07	.001	190.07	.15
ANESTHESIOLOGIST	49	1,474	10,272.26	6.97	.083	209.64	.58
OUTPATIENT SURGERY	223	654	39,912.94	61.03	.037	178.98	2.24
PRINCIPAL SURGEON	187	229	32,163.71	140.45	.013	172.00	1.80
ASSISTANT SURGEON	3	3	491.02	163.67	.000	163.67	.03
ANESTHESIOLOGIST	55	422	7,258.21	17.20	.024	131.97	.41
DIALYSIS	2	11	391.24	35.57	.001	195.62	.02
PATHOLOGY	200	323	8,236.62	25.50	.018	41.18	.46
RADIOLOGY	687	1,063	34,036.18	32.02	.060	49.54	1.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	57	201	5,291.19	26.32	.011	92.83	.30
OTHER SERVICES/ALL X-OVERS	582	2,623	38,637.65	14.73	.147	66.39	2.17
@PHARMACY	5,510	22,189	\$ 1,076,490.88	\$ 48.51	1.245	\$ 195.37	\$ 60.41
PRESCRIPTION DRUGS	5,483	16,324	1,064,963.81	65.24	.916	194.23	59.76
SNF/ICF	46	346	24,316.12	70.28	.019	528.61	1.36
OUTPATIENTS	5,443	15,978	1,040,647.69	65.13	.897	191.19	58.39
MEDICAL SUPPLIES	152	5,865	11,527.07	1.97	.329	75.84	.65
@DENTIST	582	2,714	\$ 119,023.57	\$ 43.86	.152	\$ 204.51	\$ 6.68
VISITS - DIAGNOSTIC	366	1,639	25,124.40	15.33	.092	68.65	1.41
ORAL SURGERY	70	176	13,067.50	74.25	.010	186.68	.73
DRUGS	6	10	45.00	4.50	.001	7.50	.00
ANESTHESIA	4	4	400.00	100.00	.000	100.00	.02
PERIODONTICS	11	11	1,514.00	137.64	.001	137.64	.08
ENDODONTICS	66	133	23,960.00	180.15	.007	363.03	1.34
RESTORATIVE DENTISTRY	216	641	45,093.50	70.35	.036	208.77	2.53
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	20	34	6,870.00	202.06	.002	343.50	.39
SPACE MAINTAINERS	1	1	111.00	111.00	.000	111.00	.01
MAXILLOFACIAL SERVICES	2	2	238.17	119.09	.000	119.09	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	41	45	2,540.00	56.44	.003	61.95	.14
ALL OTHER SERVICES	11	15	.00	.00	.001	.00	.00

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

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17,821 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	273	598	\$ 14,240.65	\$ 23.81	.034	\$ 52.16	\$.80
DIAGNOSTIC AND ANC. PROCED	163	163	6,984.59	42.85	.009	42.85	.39
EYE APPLIANCES	140	387	6,103.01	15.77	.022	43.59	.34
OTHER OPTOMETRIC SERVICES	42	48	1,153.05	24.02	.003	27.45	.06
@CHIROPRACTOR	17	24	\$ 332.80	\$ 13.87	.001	\$ 19.58	\$.02
VISITS	14	16	267.52	16.72	.001	19.11	.02
OTHER SERVICES	3	8	65.28	8.16	.000	21.76	.00
@PODIATRIST	62	81	\$ 1,732.08	\$ 21.38	.005	\$ 27.94	\$.10

MEDICINE/INJECTIONS	19	21		853.40		40.64	.001	44.92	.05
SURGERY/ANES.	5	7		245.62		35.09	.000	49.12	.01
RADIO./PATHOLOGY	3	3		51.90		17.30	.000	17.30	.00
OTHER	38	50		581.16		11.62	.003	15.29	.03
@HOME HEALTH AGENCY	11	81	\$	3,891.60	\$	48.04	.005	\$ 353.78	\$.22
NURSE ANESTHESIST	1	26	\$	396.16	\$	15.24	.001	\$ 396.16	\$.02
NURSE MIDWIFE	4	41	\$	1,417.84	\$	34.58	.002	\$ 354.46	\$.08
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	7	\$	165.50	\$	23.64	.000	\$ 82.75	\$.01
@TOTAL HOSPITAL	2,274	9,775	\$	1,048,133.58	\$	107.23	.549	\$ 460.92	\$ 58.81
HOSP INPATIENT TOTAL	145	662		774,033.46		1169.23	.037	5338.16	43.43
HSC HOSPITALS	45	173		199,805.69		1154.95	.010	4440.13	11.21
NON-HSC HOSPITAL TOTAL	82	330		539,149.47		1633.79	.019	6574.99	30.25
ACCOMMODATIONS	81	330		167,388.12		507.24	.019	2066.52	9.39
ADMINISTRATIVE DAYS	3	13		3,006.90		231.30	.001	1002.30	.17
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	78	317		164,381.22		518.55	.018	2107.45	9.22
ANCILLARIES	82	0		371,761.35		.00	.000	4533.68	20.86
INPATIENT CROSSOVERS	23	159		35,078.30		220.62	.009	1525.14	1.97
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,191	9,113		274,100.12		30.08	.511	125.10	15.38
MEDICAL	1,012	1,643		72,193.44		43.94	.092	71.34	4.05
SURGERY	98	114		5,369.64		47.10	.006	54.79	.30
PATHOLOGY	782	3,273		36,002.54		11.00	.184	46.04	2.02
RADIOLOGY	589	824		60,116.28		72.96	.046	102.06	3.37
ROOM USE	1,224	1,739		68,592.17		39.44	.098	56.04	3.85
CROSSOVERS/ALL OTH OUTPTNT	554	1,520		31,826.05		20.94	.085	57.45	1.79
@COUNTY HOSPITAL TOTAL	14	48	\$	10,002.24	\$	208.38	.003	\$ 714.45	\$.56
CO HOSPITAL INPATIENT TOTAL	3	12		8,203.00		683.58	.001	2734.33	.46
HSC HOSPITALS	2	7		7,363.00		1051.86	.000	3681.50	.41
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	1	5		840.00		168.00	.000	840.00	.05
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	36		1,799.24		49.98	.002	163.57	.10
MEDICAL	4	4		112.39		28.10	.000	28.10	.01
SURGERY	2	2		86.33		43.17	.000	43.17	.00
PATHOLOGY	3	16		254.52		15.91	.001	84.84	.01
RADIOLOGY	1	2		97.99		49.00	.000	97.99	.01
ROOM USE	6	8		249.19		31.15	.000	41.53	.01
CROSSOVERS/ALL OTH OUTPTNT	4	4		998.82		249.71	.000	249.71	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE	751
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AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL								

				----- MONTHLY AVERAGE -----				
17,821 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,264	9,727	\$ 1,038,131.34	\$ 106.73	.546	\$ 458.54	\$ 58.25	
COMM HOSP INPATIENT TOTAL	142	650	765,830.46	1178.20	.036	5393.17	42.97	
HSC HOSPITALS	43	166	192,442.69	1159.29	.009	4475.41	10.80	
NON-HSC HOSPITALS TOTAL	82	330	539,149.47	1633.79	.019	6574.99	30.25	
ACCOMMODATIONS	81	330	167,388.12	507.24	.019	2066.52	9.39	
ADMINISTRATIVE DAYS	3	13	3,006.90	231.30	.001	1002.30	.17	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	78	317	164,381.22	518.55	.018	2107.45	9.22	
ANCILLARIES	82	0	371,761.35	.00	.000	4533.68	20.86	

INPATIENT CROSSOVERS	22	154		34,238.30	222.33	.009	1556.29	1.92
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,184	9,077		272,300.88	30.00	.509	124.68	15.28
MEDICAL	1,009	1,639		72,081.05	43.98	.092	71.44	4.04
SURGERY	96	112		5,283.31	47.17	.006	55.03	.30
PATHOLOGY	779	3,257		35,748.02	10.98	.183	45.89	2.01
RADIOLOGY	588	822		60,018.29	73.01	.046	102.07	3.37
ROOM USE	1,219	1,731		68,342.98	39.48	.097	56.06	3.83
CROSSOVERS/ALL OTH OUTPTNT	552	1,516		30,827.23	20.33	.085	55.85	1.73
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	35	748	\$	106,752.22	\$ 142.72	.042	\$ 3050.06	\$ 5.99
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	35	748		106,752.22	142.72	.042	3050.06	5.99
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	42	\$	1,995.75	\$ 47.52	.002	\$ 997.88	\$.11
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	42		1,995.75	47.52	.002	997.88	.11
@REHABILITATION FACILITY	2	3	\$	130.50	\$ 43.50	.000	\$ 65.25	\$.01
HOSPITAL BASED	2	3		130.50	43.50	.000	65.25	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	412	1,348	\$	24,900.59	\$ 18.47	.076	\$ 60.44	\$ 1.40
PATHOLOGY	405	1,337		24,799.21	18.55	.075	61.23	1.39
XO AND OTHERS	7	11		101.38	9.22	.001	14.48	.01
@ORGANIZED OUTPATIENT CLINIC	2,088	3,115	\$	477,307.81	\$ 153.23	.175	\$ 228.60	\$ 26.78
CLINIC	31	107		4,256.03	39.78	.006	137.29	.24
SURGICENTER	16	102		3,765.43	36.92	.006	235.34	.21
HEROIN DETOX CLINIC	3	21		269.43	12.83	.001	89.81	.02
RURAL HEALTH CLINIC	2,044	2,885		469,016.92	162.57	.162	229.46	26.32

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 752
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL 01/29/04

	17,821 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,117	27,322	\$	121,956.53	\$ 4.46	1.533	\$ 109.18	\$ 6.84
DURABLE MED. EQUIP.	44	124		13,593.74	109.63	.007	308.95	.76
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4		2,361.79	590.45	.000	590.45	.13
MEDICAL TRANSPORTATION	127	2,215		19,631.28	8.86	.124	154.58	1.10
AMBULANCES/AIR TRANS	108	1,703		16,068.26	9.44	.096	148.78	.90
OTHER TRANS	9	209		1,284.34	6.15	.012	142.70	.07
OTHER SERVICES	12	303		2,278.68	7.52	.017	189.89	.13
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	31	31		3,255.00	105.00	.002	105.00	.18
IHMC,MODEL-NF,NF,AIDS,MSSP	35	272		11,971.41	44.01	.015	342.04	.67
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	159	350		3,420.08	9.77	.020	21.51	.19
PHYSICAL THERAPIST	1	6		.56	.09	.000	.56	.00
PORTABLE X-RAY	2	3		60.39	20.13	.000	30.20	.00
PROSTHETIST/ORTHOTISTS	11	63		11,486.83	182.33	.004	1044.26	.64

PROSTHETICS	6	57		11,094.00	194.63	.003	1849.00	.62
ORTHOTICS	5	6		392.83	65.47	.000	78.57	.02
PSYCHOLOGIST	1	1		6.08	6.08	.000	6.08	.00
SPEECH AND AUDIOLOGY	5	9		494.53	54.95	.001	98.91	.03
HOSPICE SERVICES	1	25		2,736.72	109.47	.001	2736.72	.15
NONINST BIRTHING CENTERS	1	1		1,046.55	1046.55	.000	1046.55	.06
LOCAL EDUCATION AGENCIES	570	7,223		42,670.19	5.91	.405	74.86	2.39
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	162	16,994		9,194.35	.54	.954	56.76	.52
@CALIF. CHILDREN SERVICES*	71	334	\$	46,731.65	\$ 139.92	.019	\$ 658.19	\$ 2.62
@XOVER EXCLUDING STATE HOSP**	547	7,504	\$	86,995.20	\$ 11.59	.421	\$ 159.04	\$ 4.88

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 753
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

74 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	87	692	\$ 51,983.02	\$ 75.12	9.351	\$ 597.51	\$ 702.47
@PHYSICIANS SERVICES	12	82	\$ 545.61	\$ 6.65	1.108	\$ 45.47	\$ 7.37
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	82	545.61	6.65	1.108	45.47	7.37
@PHARMACY	57	206	\$ 16,613.82	\$ 80.65	2.784	\$ 291.47	\$ 224.51
PRESCRIPTION DRUGS	57	206	16,613.82	80.65	2.784	291.47	224.51
SNF/ICF	11	68	3,962.12	58.27	.919	360.19	53.54
OUTPATIENTS	46	138	12,651.70	91.68	1.865	275.04	170.97
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 754
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

74 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	3	\$ 80.22	\$ 26.74	.041	\$ 40.11	\$ 1.08
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.041	53.11	.72
OTHER OPTOMETRIC SERVICES	1	0	27.11	.00	.000	27.11	.37
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	106	\$ 3,520.87	\$ 33.22	1.432	\$ 1173.62	\$ 47.58
HOSP INPATIENT TOTAL	1	60	2,576.00	42.93	.811	2576.00	34.81
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	60	2,576.00	42.93	.811	2576.00	34.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	46	944.87	20.54	.622	314.96	12.77
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	46	944.87	20.54	.622	314.96	12.77
@COUNTY HOSPITAL TOTAL	1	80	\$ 2,692.23	\$ 33.65	1.081	\$ 2692.23	\$ 36.38
CO HOSPITAL INPATIENT TOTAL	1	60	2,576.00	42.93	.811	2576.00	34.81
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	60	2,576.00	42.93	.811	2576.00	34.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	20	116.23	5.81	.270	116.23	1.57
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	20	116.23	5.81	.270	116.23	1.57

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 755
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

74 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	26	\$	828.64	\$ 31.87	.351	\$ 414.32	\$ 11.20
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	26		828.64	31.87	.351	414.32	11.20
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	26		828.64	31.87	.351	414.32	11.20
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	9	258	\$	28,244.41	\$ 109.47	3.486	\$ 3138.27	\$ 381.68
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	9	258		28,244.41	109.47	3.486	3138.27	381.68
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12	28	\$	2,804.87	\$ 100.17	.378	\$ 233.74	\$ 37.90
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	28		2,804.87	100.17	.378	233.74	37.90

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - AGED

AID CODE 17 1Y

PAGE 756 01/29/04

74 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	9	\$ 173.22	\$ 19.25	.122	\$ 43.31	\$ 2.34
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.027	26.08	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	7	147.14	21.02	.095	49.05	1.99
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	22	135	\$ 8,070.26	\$ 59.78	1.824	\$ 366.83	\$ 109.06

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 757
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND	AID CODE 27	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 758
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	.00	.00	.000 .00 .00
NURSE MIDWIFE	0	0	.00	.00	.000 .00 .00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 .00 .00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 .00 .00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 759
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV											
MOP024											
AMADOR COUNTY											

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - SOC - BLIND

AID CODE 27

PAGE 760
 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 761
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	114	903	\$ 89,053.54	\$ 98.62	10.624	\$ 781.17	\$ 1047.69
@PHYSICIANS SERVICES	26	82	\$ 2,498.02	\$ 30.46	.965	\$ 96.08	\$ 29.39
OUTPATIENT VISITS	5	7	252.46	36.07	.082	50.49	2.97
OFFICE VISITS	2	2	61.50	30.75	.024	30.75	.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.012	108.08	1.27
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	4	82.88	20.72	.047	41.44	.98
INPATIENT VISITS	3	11	531.91	48.36	.129	177.30	6.26
HOSPITAL VISITS	2	9	288.71	32.08	.106	144.36	3.40
CRITICAL CARE	1	2	243.20	121.60	.024	243.20	2.86
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.000	.00	.00
OUTPATIENT SURGERY	1	1		62.78	62.78	.012	62.78	.74
PRINCIPAL SURGEON	1	1		62.78	62.78	.012	62.78	.74
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		3.50	3.50	.012	3.50	.04
RADIOLOGY	6	15		934.24	62.28	.176	155.71	10.99
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	16	47		713.13	15.17	.553	44.57	8.39
@PHARMACY	79	398	\$	51,636.47	\$ 129.74	4.682	\$ 653.63	\$ 607.49
PRESCRIPTION DRUGS	79	396		51,535.14	130.14	4.659	652.34	606.30
SNF/ICF	1	13		1,781.32	137.02	.153	1781.32	20.96
OUTPATIENTS	78	383		49,753.82	129.91	4.506	637.87	585.34
MEDICAL SUPPLIES	2	2		101.33	50.67	.024	50.67	1.19
@DENTIST	6	30	\$	1,367.00	\$ 45.57	.353	\$ 227.83	\$ 16.08
VISITS - DIAGNOSTIC	4	19		229.00	12.05	.224	57.25	2.69
ORAL SURGERY	1	1		45.00	45.00	.012	45.00	.53
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		330.00	330.00	.012	330.00	3.88
RESTORATIVE DENTISTRY	2	9		763.00	84.78	.106	381.50	8.98
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 762
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	13	\$ 259.72	\$ 19.98	.153	\$ 51.94	\$ 3.06
DIAGNOSTIC AND ANC. PROCED	2	2	65.45	32.73	.024	32.73	.77
EYE APPLIANCES	3	9	138.81	15.42	.106	46.27	1.63
OTHER OPTOMETRIC SERVICES	1	2	55.46	27.73	.024	55.46	.65
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	5	\$ 137.60	\$ 27.52	.059	\$ 34.40	\$ 1.62
MEDICINE/INJECTIONS	2	2	72.40	36.20	.024	36.20	.85
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	2	34.60	17.30	.024	17.30	.41
OTHER	1	1	30.60	30.60	.012	30.60	.36
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	15	72	\$ 23,734.22	\$ 329.64	.847	\$ 1582.28	\$ 279.23
HOSP INPATIENT TOTAL	5	13	23,069.66	1774.59	.153	4613.93	271.41
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	7	20,739.66	2962.81	.082	10369.83	244.00
ACCOMMODATIONS	2	7	3,621.69	517.38	.082	1810.85	42.61

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	3,621.69	517.38	.082	1810.85	42.61
ANCILLARIES	2	0	17,117.97	.00	.000	8558.99	201.39
INPATIENT CROSSOVERS	3	6	2,330.00	388.33	.071	776.67	27.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	59	664.56	11.26	.694	60.41	7.82
MEDICAL	2	0	65.67	.00	.000	32.84	.77
SURGERY	0	1CR	45.46CR	45.46	.012CR	.00	.53CR
PATHOLOGY	6	49	403.39	8.23	.576	67.23	4.75
RADIOLOGY	3	2CR	222.27	111.14CR	.024CR	74.09	2.61
ROOM USE	2	1CR	195.61CR	195.61	.012CR	97.81CR	2.30CR
CROSSOVERS/ALL OTH OUTPTNT	3	14	214.30	15.31	.165	71.43	2.52
@COUNTY HOSPITAL TOTAL	2	8	664.14	83.02	.094	332.07	7.81
CO HOSPITAL INPATIENT TOTAL	1	5	650.00	130.00	.059	650.00	7.65
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	5	650.00	130.00	.059	650.00	7.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	14.14	4.71	.035	14.14	.17
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3	14.14	4.71	.035	14.14	.17

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AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	64	\$ 23,070.08	\$ 360.47	.753	\$ 1774.62	\$ 271.41
COMM HOSP INPATIENT TOTAL	4	8	22,419.66	2802.46	.094	5604.92	263.76
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	7	20,739.66	2962.81	.082	10369.83	244.00
ACCOMMODATIONS	2	7	3,621.69	517.38	.082	1810.85	42.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	3,621.69	517.38	.082	1810.85	42.61
ANCILLARIES	2	0	17,117.97	.00	.000	8558.99	201.39
INPATIENT CROSSOVERS	2	1	1,680.00	1680.00	.012	840.00	19.76
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	56	650.42	11.61	.659	65.04	7.65
MEDICAL	2	0	65.67	.00	.000	32.84	.77
SURGERY	0	1CR	45.46CR	45.46	.012CR	.00	.53CR
PATHOLOGY	6	49	403.39	8.23	.576	67.23	4.75
RADIOLOGY	3	2CR	222.27	111.14CR	.024CR	74.09	2.61
ROOM USE	2	1CR	195.61CR	195.61	.012CR	97.81CR	2.30CR
CROSSOVERS/ALL OTH OUTPTNT	2	11	200.16	18.20	.129	100.08	2.35
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	26	\$ 4,510.35	\$ 173.48	.306	\$ 4510.35	\$ 53.06
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	26	4,510.35	173.48	.306	4510.35	53.06
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	22	\$ 3,525.40	\$ 160.25	.259	\$ 271.18	\$ 41.48
CLINIC	2	2	50.63	25.32	.024	25.32	.60
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	11	20	3,474.77	173.74	.235	315.89	40.88
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						

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85 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14	255	\$ 1,384.76	\$ 5.43	3.000	\$ 98.91	\$ 16.29
DURABLE MED. EQUIP.	1	1	55.07	55.07	.012	55.07	.65
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	29	345.68	11.92	.341	115.23	4.07
AMBULANCES/AIR TRANS	2	18	197.40	10.97	.212	98.70	2.32
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	11	148.28	13.48	.129	148.28	1.74
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	4	798.90	199.73	.047	399.45	9.40
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	51.16	8.53	.071	25.58	.60
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	215	133.95	.62	2.529	19.14	1.58
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	26	189	\$ 3,553.95	\$ 18.80	2.224	\$ 136.69	\$ 41.81

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 765
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	173	929	\$ 119,334.31	\$ 128.45	4.813	\$ 689.79	\$ 618.31	
@PHYSICIANS SERVICES	77	227	\$ 11,735.44	\$ 51.70	1.176	\$ 152.41	\$ 60.81	
OUTPATIENT VISITS	25	35	1,265.70	36.16	.181	50.63	6.56	
OFFICE VISITS	20	30	899.86	30.00	.155	44.99	4.66	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	4	4	305.36	76.34	.021	76.34	1.58	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.005	60.48	.31	

OTHER OUTPATIENT	0	0		.00		.000	.00	.00
INPATIENT VISITS	9	22		1,376.16		.114	152.91	7.13
HOSPITAL VISITS	7	17		830.86		.088	118.69	4.30
CRITICAL CARE	4	5		545.30		.026	136.33	2.83
SNF/ICF/TRANS IP CARE	0	0		.00		.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.000	.00	.00
EXAMINATIONS	0	0		.00		.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	33		3,888.62		.171	388.86	20.15
PRINCIPAL SURGEON	8	8		3,088.82		.041	386.10	16.00
ASSISTANT SURGEON	3	3		363.79		.016	121.26	1.88
ANESTHESIOLOGIST	3	22		436.01		.114	145.34	2.26
OUTPATIENT SURGERY	3	9		387.70		.047	129.23	2.01
PRINCIPAL SURGEON	2	2		213.70		.010	106.85	1.11
ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	1	7		174.00		.036	174.00	.90
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	3	3		213.28		.016	71.09	1.11
RADIOLOGY	45	84		3,076.66		.435	68.37	15.94
PSYCHIATRY	0	0		.00		.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		8.65		.005	8.65	.04
OTHER SERVICES/ALL X-OVERS	18	40		1,518.67		.207	84.37	7.87
@PHARMACY	73	187	\$	12,838.96	\$	.969	175.88	\$ 66.52
PRESCRIPTION DRUGS	72	185		12,694.68		.959	176.32	65.78
SNF/ICF	0	0		.00		.000	.00	.00
OUTPATIENTS	72	185		12,694.68		.959	176.32	65.78
MEDICAL SUPPLIES	2	2		144.28		.010	72.14	.75
@DENTIST	17	95	\$	3,554.00	\$	.492	209.06	\$ 18.41
VISITS - DIAGNOSTIC	9	53		552.00		.275	61.33	2.86
ORAL SURGERY	2	2		.00		.010	.00	.00
DRUGS	0	0		.00		.000	.00	.00
ANESTHESIA	0	0		.00		.000	.00	.00
PERIODONTICS	0	0		.00		.000	.00	.00
ENDODONTICS	5	5		1,066.00		.026	213.20	5.52
RESTORATIVE DENTISTRY	7	22		1,761.00		.114	251.57	9.12
PROSTHETICS	0	0		.00		.000	.00	.00
DENTURES, STAYPLATES	1	1		140.00		.005	140.00	.73
SPACE MAINTAINERS	0	0		.00		.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00		.005	35.00	.18
ALL OTHER SERVICES	1	11		.00		.057	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

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193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	12	\$ 316.27	\$ 26.36	.062	\$ 63.25	\$ 1.64
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.010	47.45	.49
EYE APPLIANCES	2	6	95.96	15.99	.031	47.98	.50
OTHER OPTOMETRIC SERVICES	3	4	125.41	31.35	.021	41.80	.65
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	71	337	\$	82,398.20	\$	244.51	1.746	\$	1160.54	\$	426.93
HOSP INPATIENT TOTAL	10	31		72,862.17		2350.39	.161		7286.22		377.52
HSC HOSPITALS	2	7		6,972.00		996.00	.036		3486.00		36.12
NON-HSC HOSPITAL TOTAL	8	24		65,890.17		2745.42	.124		8236.27		341.40
ACCOMMODATIONS	8	24		16,849.28		702.05	.124		2106.16		87.30
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	24		16,849.28		702.05	.124		2106.16		87.30
ANCILLARIES	8	0		49,040.89		.00	.000		6130.11		254.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	65	306		9,536.03		31.16	1.585		146.71		49.41
MEDICAL	34	55		2,699.54		49.08	.285		79.40		13.99
SURGERY	2	2		78.28		39.14	.010		39.14		.41
PATHOLOGY	25	94		953.29		10.14	.487		38.13		4.94
RADIOLOGY	24	35		3,076.44		87.90	.181		128.19		15.94
ROOM USE	35	55		1,992.49		36.23	.285		56.93		10.32
CROSSOVERS/ALL OTH OUTPTNT	28	65		735.99		11.32	.337		26.29		3.81
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	337	\$ 82,398.20	\$ 244.51	1.746	\$ 1160.54	\$ 426.93
COMM HOSP INPATIENT TOTAL	10	31	72,862.17	2350.39	.161	7286.22	377.52
HSC HOSPITALS	2	7	6,972.00	996.00	.036	3486.00	36.12
NON-HSC HOSPITALS TOTAL	8	24	65,890.17	2745.42	.124	8236.27	341.40
ACCOMMODATIONS	8	24	16,849.28	702.05	.124	2106.16	87.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	24	16,849.28	702.05	.124	2106.16	87.30
ANCILLARIES	8	0	49,040.89	.00	.000	6130.11	254.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	65	306	9,536.03	31.16	1.585	146.71	49.41
MEDICAL	34	55	2,699.54	49.08	.285	79.40	13.99

SURGERY	2	2	78.28	39.14	.010	39.14	.41
PATHOLOGY	25	94	953.29	10.14	.487	38.13	4.94
RADIOLOGY	24	35	3,076.44	87.90	.181	128.19	15.94
ROOM USE	35	55	1,992.49	36.23	.285	56.93	10.32
CROSSOVERS/ALL OTH OUTPTNT	28	65	735.99	11.32	.337	26.29	3.81
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	7	\$ 198.53	\$ 28.36	.036	\$ 33.09	\$ 1.03
PATHOLOGY	6	7	198.53	28.36	.036	33.09	1.03
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	32	47	\$ 7,926.80	\$ 168.66	.244	\$ 247.71	\$ 41.07
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	32	47	7,926.80	168.66	.244	247.71	41.07

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 768
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9	17	\$ 366.11	\$ 21.54	.088	\$ 40.68	\$ 1.90
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	7	266.81	38.12	.036	88.94	1.38
AMBULANCES/AIR TRANS	3	7	266.81	38.12	.036	88.94	1.38
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	59.36	9.89	.031	19.79	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	4	39.94	9.99	.021	13.31	.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 769
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

352 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	374	2,524	\$ 260,370.87	\$ 103.16	7.170	\$ 696.18	\$ 739.69
@PHYSICIANS SERVICES	115	391	\$ 14,779.07	\$ 37.80	1.111	\$ 128.51	\$ 41.99
OUTPATIENT VISITS	30	42	1,518.16	36.15	.119	50.61	4.31
OFFICE VISITS	22	32	961.36	30.04	.091	43.70	2.73
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	413.44	82.69	.014	82.69	1.17
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.003	60.48	.17
OTHER OUTPATIENT	2	4	82.88	20.72	.011	41.44	.24
INPATIENT VISITS	12	33	1,908.07	57.82	.094	159.01	5.42
HOSPITAL VISITS	9	26	1,119.57	43.06	.074	124.40	3.18
CRITICAL CARE	5	7	788.50	112.64	.020	157.70	2.24
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	33	3,888.62	117.84	.094	388.86	11.05
PRINCIPAL SURGEON	8	8	3,088.82	386.10	.023	386.10	8.78
ASSISTANT SURGEON	3	3	363.79	121.26	.009	121.26	1.03
ANESTHESIOLOGIST	3	22	436.01	19.82	.063	145.34	1.24
OUTPATIENT SURGERY	4	10	450.48	45.05	.028	112.62	1.28
PRINCIPAL SURGEON	3	3	276.48	92.16	.009	92.16	.79
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	174.00	24.86	.020	174.00	.49
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	4	216.78	54.20	.011	54.20	.62
RADIOLOGY	51	99	4,010.90	40.51	.281	78.65	11.39
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	8.65	8.65	.003	8.65	.02
OTHER SERVICES/ALL X-OVERS	46	169	2,777.41	16.43	.480	60.38	7.89
@PHARMACY	209	791	\$ 81,089.25	\$ 102.51	2.247	\$ 387.99	\$ 230.37
PRESCRIPTION DRUGS	208	787	80,843.64	102.72	2.236	388.67	229.67
SNF/ICF	12	81	5,743.44	70.91	.230	478.62	16.32
OUTPATIENTS	196	706	75,100.20	106.37	2.006	383.16	213.35
MEDICAL SUPPLIES	4	4	245.61	61.40	.011	61.40	.70
@DENTIST	23	125	\$ 4,921.00	\$ 39.37	.355	\$ 213.96	\$ 13.98
VISITS - DIAGNOSTIC	13	72	781.00	10.85	.205	60.08	2.22
ORAL SURGERY	3	3	45.00	15.00	.009	15.00	.13
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	6	6	1,396.00	232.67	.017	232.67	3.97

RESTORATIVE DENTISTRY	9	31	2,524.00	81.42	.088	280.44	7.17
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	140.00	140.00	.003	140.00	.40
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.003	35.00	.10
ALL OTHER SERVICES	1	11	.00	.00	.031	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 770
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

	352 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	12		28	\$ 656.21	\$ 23.44	.080	\$ 54.68	\$ 1.86
DIAGNOSTIC AND ANC. PROCED	4		4	160.35	40.09	.011	40.09	.46

EYE APPLIANCES	6	18		287.88	15.99	.051	47.98	.82
OTHER OPTOMETRIC SERVICES	5	6		207.98	34.66	.017	41.60	.59
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	4	5	\$	137.60	27.52	.014	34.40	.39
MEDICINE/INJECTIONS	2	2		72.40	36.20	.006	36.20	.21
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	2		34.60	17.30	.006	17.30	.10
OTHER	1	1		30.60	30.60	.003	30.60	.09
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	89	515	\$	109,653.29	212.92	1.463	1232.06	311.52
HOSP INPATIENT TOTAL	16	104		98,507.83	947.19	.295	6156.74	279.85
HSC HOSPITALS	2	7		6,972.00	996.00	.020	3486.00	19.81
NON-HSC HOSPITAL TOTAL	10	31		86,629.83	2794.51	.088	8662.98	246.11
ACCOMMODATIONS	10	31		20,470.97	660.35	.088	2047.10	58.16
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	31		20,470.97	660.35	.088	2047.10	58.16
ANCILLARIES	10	0		66,158.86	.00	.000	6615.89	187.95
INPATIENT CROSSOVERS	4	66		4,906.00	74.33	.188	1226.50	13.94
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	79	411		11,145.46	27.12	1.168	141.08	31.66
MEDICAL	36	55		2,765.21	50.28	.156	76.81	7.86
SURGERY	2	1		32.82	32.82	.003	16.41	.09
PATHOLOGY	31	143		1,356.68	9.49	.406	43.76	3.85
RADIOLOGY	27	33		3,298.71	99.96	.094	122.17	9.37
ROOM USE	37	54		1,796.88	33.28	.153	48.56	5.10
CROSSOVERS/ALL OTH OUTPTNT	34	125		1,895.16	15.16	.355	55.74	5.38
@COUNTY HOSPITAL TOTAL	3	88	\$	3,356.37	38.14	.250	1118.79	9.54
CO HOSPITAL INPATIENT TOTAL	2	65		3,226.00	49.63	.185	1613.00	9.16
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	65		3,226.00	49.63	.185	1613.00	9.16
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	23		130.37	5.67	.065	65.19	.37
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	23		130.37	5.67	.065	65.19	.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 771
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

						----- MONTHLY AVERAGE -----			
352 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	86	427	\$	106,296.92	\$ 248.94	1.213	\$ 1236.01	\$ 301.98	
COMM HOSP INPATIENT TOTAL	14	39		95,281.83	2443.12	.111	6805.85	270.69	
HSC HOSPITALS	2	7		6,972.00	996.00	.020	3486.00	19.81	

NON-HSC HOSPITALS TOTAL	10	31		86,629.83	2794.51	.088	8662.98	246.11
ACCOMMODATIONS	10	31		20,470.97	660.35	.088	2047.10	58.16
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	31		20,470.97	660.35	.088	2047.10	58.16
ANCILLARIES	10	0		66,158.86	.00	.000	6615.89	187.95
INPATIENT CROSSOVERS	2	1		1,680.00	1680.00	.003	840.00	4.77
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	77	388		11,015.09	28.39	1.102	143.05	31.29
MEDICAL	36	55		2,765.21	50.28	.156	76.81	7.86
SURGERY	2	1		32.82	32.82	.003	16.41	.09
PATHOLOGY	31	143		1,356.68	9.49	.406	43.76	3.85
RADIOLOGY	27	33		3,298.71	99.96	.094	122.17	9.37
ROOM USE	37	54		1,796.88	33.28	.153	48.56	5.10
CROSSOVERS/ALL OTH OUTPTNT	32	102		1,764.79	17.30	.290	55.15	5.01
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	10	284	\$	32,754.76	\$ 115.33	.807	\$ 3275.48	\$ 93.05
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	10	284		32,754.76	115.33	.807	3275.48	93.05
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	7	\$	198.53	\$ 28.36	.020	\$ 33.09	\$.56
PATHOLOGY	6	7		198.53	28.36	.020	33.09	.56
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	57	97	\$	14,257.07	\$ 146.98	.276	\$ 250.12	\$ 40.50
CLINIC	2	2		50.63	25.32	.006	25.32	.14
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	55	95		14,206.44	149.54	.270	258.30	40.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

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352 ELIGIBLES			----- MONTHLY AVERAGE -----					
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	27	281	\$ 1,924.09	\$ 6.85	.798	\$ 71.26	\$ 5.47	
DURABLE MED. EQUIP.	1	1	55.07	55.07	.003	55.07	.16	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	6	36	612.49	17.01	.102	102.08	1.74	
AMBULANCES/AIR TRANS	5	25	464.21	18.57	.071	92.84	1.32	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	1	11	148.28	13.48	.031	148.28	.42	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	

IHMC, MODEL-NF, NF, AIDS, MSSP	2	4	798.90	199.73	.011	399.45	2.27
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	14	136.60	9.76	.040	22.77	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	4	39.94	9.99	.011	13.31	.11
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	222	281.09	1.27	.631	28.11	.80
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	48	324	\$ 11,624.21	\$ 35.88	.920	\$ 242.17	\$ 33.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 773
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13	

1,118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,105	41,497	\$ 3,526,699.54	\$ 84.99	37.117	\$ 3191.58	\$ 3154.47
@PHYSICIANS SERVICES	69	229	\$ 1,952.60	\$ 8.53	.205	\$ 28.30	\$ 1.75
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	.00	.00	.001	.00	.00
HOSPITAL VISITS	1	1	.00	.00	.001	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	137	.00	.00	.123	.00	.00
PRINCIPAL SURGEON	2	2	.00	.00	.002	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	135	.00	.00	.121	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	8.57	8.57	.001	8.57	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	66	90	1,944.03	21.60	.081	29.46	1.74
@PHARMACY	941	8,236	\$ 298,633.71	\$ 36.26	7.367	\$ 317.36	\$ 267.11
PRESCRIPTION DRUGS	937	5,945	297,647.00	50.07	5.318	317.66	266.23

SNF/ICF	895	5,793		293,712.95		50.70	5.182	328.17	262.71
OUTPATIENTS	53	152		3,934.05		25.88	.136	74.23	3.52
MEDICAL SUPPLIES	11	2,291		986.71		.43	2.049	89.70	.88
@DENTIST	42	91	\$	4,589.00	\$	50.43	.081	109.26	4.10
VISITS - DIAGNOSTIC	42	74		1,384.00		18.70	.066	32.95	1.24
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	8	17		3,205.00		188.53	.015	400.63	2.87
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED

AID CODE 13

PAGE 774

01/29/04

1,118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10	15	\$ 262.60	\$ 17.51	.013	\$ 26.26	\$.23
DIAGNOSTIC AND ANC. PROCED	5	5	102.20	20.44	.004	20.44	.09
EYE APPLIANCES	4	8	126.44	15.81	.007	31.61	.11
OTHER OPTOMETRIC SERVICES	1	2	33.96	16.98	.002	33.96	.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	152	156	\$ 1,498.74	\$ 9.61	.140	\$ 9.86	\$ 1.34
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	152	156	1,498.74	9.61	.140	9.86	1.34
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	5	15	\$ 3,325.10	\$ 221.67	.013	\$ 665.02	\$ 2.97
HOSP INPATIENT TOTAL	4	13	3,321.40	255.49	.012	830.35	2.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	13	3,321.40	255.49	.012	830.35	2.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	2	3.70	1.85	.002	3.70	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	3.70	1.85	.002	3.70	.00
@COUNTY HOSPITAL TOTAL	1	2	\$ 3.70	\$ 1.85	.002	\$ 3.70	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	3.70	1.85	.002	3.70	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

1,118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	13	\$ 3,321.40	\$ 255.49	.012	\$ 830.35	\$ 2.97
COMM HOSP INPATIENT TOTAL	4	13	3,321.40	255.49	.012	830.35	2.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	13	3,321.40	255.49	.012	830.35	2.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	923	31,371	\$ 3,200,947.54	\$ 102.04	28.060	\$ 3467.98	\$ 2863.10
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	113	57,874.33	512.16	.101	19291.44	51.77
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	920	31,258	3,143,073.21	100.55	27.959	3416.38	2811.34
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$ 206.00	\$ 206.00	.001	\$ 206.00	\$.18
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	206.00	206.00	.001	206.00	.18

1,118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	55	1,383	\$ 15,284.25	\$ 11.05	1.237	\$ 277.90	\$ 13.67

DURABLE MED. EQUIP.	8	46	5,083.48	110.51	.041	635.44	4.55
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	118.23	118.23	.001	118.23	.11
MEDICAL TRANSPORTATION	19	89	832.81	9.36	.080	43.83	.74
AMBULANCES/AIR TRANS	1	2	110.71	55.36	.002	110.71	.10
OTHER TRANS	9	46	298.60	6.49	.041	33.18	.27
OTHER SERVICES	10	41	423.50	10.33	.037	42.35	.38
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	16	186.26	11.64	.014	37.25	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	2.51	.63	.004	1.26	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	4	22.56	5.64	.004	5.64	.02
SPEECH AND AUDIOLOGY	2	2	682.72	341.36	.002	341.36	.61
HOSPICE SERVICES	2	71	7,716.39	108.68	.064	3858.20	6.90
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	15	1,150	639.29	.56	1.029	42.62	.57
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	271	3,621	\$ 61,153.52	\$ 16.89	3.239	\$ 225.66	\$ 54.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 777
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND	AID CODE 23	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 778
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 779
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 780
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 781
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

94 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	90	3,298	\$ 399,774.46	\$ 121.22	35.085	\$ 4441.94	\$ 4252.92
@PHYSICIANS SERVICES	23	141	\$ 5,829.51	\$ 41.34	1.500	\$ 253.46	\$ 62.02
OUTPATIENT VISITS	3	3	138.83	46.28	.032	46.28	1.48
OFFICE VISITS	3	3	138.83	46.28	.032	46.28	1.48
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	12	87	2,935.11	33.74	.926	244.59	31.22
HOSPITAL VISITS	4	78	2,613.91	33.51	.830	653.48	27.81
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	8	9		321.20		35.69	.096	40.15	3.42
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	5		277.93		55.59	.053	92.64	2.96
PRINCIPAL SURGEON	3	5		277.93		55.59	.053	92.64	2.96
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	4	13		1,489.49		114.58	.138	372.37	15.85
PRINCIPAL SURGEON	4	7		1,354.85		193.55	.074	338.71	14.41
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	6		134.64		22.44	.064	134.64	1.43
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	2	4		190.94		47.74	.043	95.47	2.03
RADIOLOGY	9	12		213.52		17.79	.128	23.72	2.27
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	17		583.69		34.33	.181	72.96	6.21
@PHARMACY	76	673	\$	35,171.70	\$	52.26	7.160	462.79	374.17
PRESCRIPTION DRUGS	76	672		35,157.27		52.32	7.149	462.60	374.01
SNF/ICF	76	670		35,333.29		52.74	7.128	464.91	375.89
OUTPATIENTS	0	2		176.02CR		88.01CR	.021	.00	1.87CR
MEDICAL SUPPLIES	1	1		14.43		14.43	.011	14.43	.15
@DENTIST	2	6	\$	47.00	\$	7.83	.064	23.50	.50
VISITS - DIAGNOSTIC	2	6		47.00		7.83	.064	23.50	.50
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 782
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

94 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	3	\$ 186.31	\$ 62.10	.032	\$ 93.16	\$ 1.98
DIAGNOSTIC AND ANC. PROCED	1	1	18.00	18.00	.011	18.00	.19
EYE APPLIANCES	1	2	168.31	84.16	.021	168.31	1.79
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	7	7	\$ 40.72	\$ 5.82	.074	\$ 5.82	\$.43
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	7	7	40.72	5.82	.074	5.82	.43
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	10	105	\$	44,710.17	\$	425.81	1.117	\$	4471.02	\$	475.64	
HOSP INPATIENT TOTAL	2	50		43,251.29		865.03	.532		21625.65		460.12	
HSC HOSPITALS	1	29		35,090.00		1210.00	.309		35090.00		373.30	
NON-HSC HOSPITAL TOTAL	2	21		8,161.29		388.63	.223		4080.65		86.82	
ACCOMMODATIONS	2	21		4,322.36		205.83	.223		2161.18		45.98	
ADMINISTRATIVE DAYS	1	20		3,691.60		184.58	.213		3691.60		39.27	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	1	1		630.76		630.76	.011		630.76		6.71	
ANCILLARIES	2	0		3,838.93		.00	.000		1919.47		40.84	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	9	55		1,458.88		26.53	.585		162.10		15.52	
MEDICAL	1	1		18.08		18.08	.011		18.08		.19	
SURGERY	1	1		82.70		82.70	.011		82.70		.88	
PATHOLOGY	9	46		543.83		11.82	.489		60.43		5.79	
RADIOLOGY	3	4		592.55		148.14	.043		197.52		6.30	
ROOM USE	1	3		221.72		73.91	.032		221.72		2.36	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	0	0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00	
MEDICAL	0	0		.00		.00	.000		.00		.00	
SURGERY	0	0		.00		.00	.000		.00		.00	
PATHOLOGY	0	0		.00		.00	.000		.00		.00	
RADIOLOGY	0	0		.00		.00	.000		.00		.00	
ROOM USE	0	0		.00		.00	.000		.00		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE	783
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04	
AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED										AID CODE 63	

94 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	105	\$ 44,710.17	\$ 425.81	1.117	\$ 4471.02	\$ 475.64
COMM HOSP INPATIENT TOTAL	2	50	43,251.29	865.03	.532	21625.65	460.12
HSC HOSPITALS	1	29	35,090.00	1210.00	.309	35090.00	373.30
NON-HSC HOSPITALS TOTAL	2	21	8,161.29	388.63	.223	4080.65	86.82
ACCOMMODATIONS	2	21	4,322.36	205.83	.223	2161.18	45.98
ADMINISTRATIVE DAYS	1	20	3,691.60	184.58	.213	3691.60	39.27
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	630.76	630.76	.011	630.76	6.71
ANCILLARIES	2	0	3,838.93	.00	.000	1919.47	40.84
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	55	1,458.88	26.53	.585	162.10	15.52
MEDICAL	1	1	18.08	18.08	.011	18.08	.19
SURGERY	1	1	82.70	82.70	.011	82.70	.88
PATHOLOGY	9	46	543.83	11.82	.489	60.43	5.79
RADIOLOGY	3	4	592.55	148.14	.043	197.52	6.30
ROOM USE	1	3	221.72	73.91	.032	221.72	2.36

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	66	2,272	\$	310,567.80	\$	136.69	24.170	\$ 4705.57	\$ 3303.91
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	191		106,576.31		557.99	2.032	21315.26	1133.79
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	61	2,081		203,991.49		98.03	22.138	3344.12	2170.12
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	60.25	\$	60.25	.011	\$ 60.25	\$.64
PATHOLOGY	1	1		60.25		60.25	.011	60.25	.64
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	206.00	\$	206.00	.011	\$ 206.00	\$ 2.19
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		206.00		206.00	.011	206.00	2.19

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

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94 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15	89	\$ 2,955.00	\$ 33.20	.947	\$ 197.00	\$ 31.44
DURABLE MED. EQUIP.	3	7	308.76	44.11	.074	102.92	3.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	63	1,023.68	16.25	.670	127.96	10.89
AMBULANCES/AIR TRANS	5	17	713.66	41.98	.181	142.73	7.59
OTHER TRANS	5	46	310.02	6.74	.489	62.00	3.30
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	40.30	20.15	.021	40.30	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	31.41	15.71	.021	15.71	.33
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	13	1,437.28	110.56	.138	1437.28	15.29
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	113.57	56.79	.021	56.79	1.21
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	18	17	\$ 16,173.10	\$ 951.36	.181	\$ 898.51	\$ 172.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 785
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	MN - LONG TERM CARE - FAMILIES	DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 786
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 787
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0 \$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
AMADOR COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

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01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 789
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL		

1,212 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,195	44,795	\$ 3,926,474.00	\$ 87.65	36.960	\$ 3285.75	\$ 3239.67
@PHYSICIANS SERVICES	92	370	\$ 7,782.11	\$ 21.03	.305	\$ 84.59	\$ 6.42
OUTPATIENT VISITS	3	3	138.83	46.28	.002	46.28	.11
OFFICE VISITS	3	3	138.83	46.28	.002	46.28	.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	13	88	2,935.11	33.35	.073	225.78	2.42
HOSPITAL VISITS	5	79	2,613.91	33.09	.065	522.78	2.16
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	8	9	321.20	35.69	.007	40.15	.27
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	142	277.93	1.96	.117	55.59	.23
PRINCIPAL SURGEON	5	7	277.93	39.70	.006	55.59	.23
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	135	.00	.00	.111	.00	.00
OUTPATIENT SURGERY	4	13	1,489.49	114.58	.011	372.37	1.23
PRINCIPAL SURGEON	4	7	1,354.85	193.55	.006	338.71	1.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	134.64	22.44	.005	134.64	.11
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	190.94	47.74	.003	95.47	.16
RADIOLOGY	10	13	222.09	17.08	.011	22.21	.18
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	74	107	2,527.72	23.62	.088	34.16	2.09
@PHARMACY	1,017	8,909	\$ 333,805.41	\$ 37.47	7.351	\$ 328.23	\$ 275.42
PRESCRIPTION DRUGS	1,013	6,617	332,804.27	50.30	5.460	328.53	274.59
SNF/ICF	971	6,463	329,046.24	50.91	5.333	338.87	271.49
OUTPATIENTS	53	154	3,758.03	24.40	.127	70.91	3.10
MEDICAL SUPPLIES	12	2,292	1,001.14	.44	1.891	83.43	.83
@DENTIST	44	97	\$ 4,636.00	\$ 47.79	.080	\$ 105.36	\$ 3.83

VISITS - DIAGNOSTIC	44	80	1,431.00	17.89	.066	32.52	1.18
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	8	17	3,205.00	188.53	.014	400.63	2.64
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 790
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AMADOR COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

1,212 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	12	18	\$ 448.91	\$ 24.94	.015	\$ 37.41	\$.37
DIAGNOSTIC AND ANC. PROCED	6	6	120.20	20.03	.005	20.03	.10
EYE APPLIANCES	5	10	294.75	29.48	.008	58.95	.24
OTHER OPTOMETRIC SERVICES	1	2	33.96	16.98	.002	33.96	.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	159	163	\$ 1,539.46	\$ 9.44	.134	\$ 9.68	\$ 1.27
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	159	163	1,539.46	9.44	.134	9.68	1.27
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	15	120	\$ 48,035.27	\$ 400.29	.099	\$ 3202.35	\$ 39.63
HOSP INPATIENT TOTAL	6	63	46,572.69	739.25	.052	7762.12	38.43
HSC HOSPITALS	1	29	35,090.00	1210.00	.024	35090.00	28.95
NON-HSC HOSPITAL TOTAL	2	21	8,161.29	388.63	.017	4080.65	6.73
ACCOMMODATIONS	2	21	4,322.36	205.83	.017	2161.18	3.57
ADMINISTRATIVE DAYS	1	20	3,691.60	184.58	.017	3691.60	3.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	630.76	630.76	.001	630.76	.52
ANCILLARIES	2	0	3,838.93	.00	.000	1919.47	3.17
INPATIENT CROSSOVERS	4	13	3,321.40	255.49	.011	830.35	2.74
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	57	1,462.58	25.66	.047	146.26	1.21
MEDICAL	1	1	18.08	18.08	.001	18.08	.01
SURGERY	1	1	82.70	82.70	.001	82.70	.07
PATHOLOGY	9	46	543.83	11.82	.038	60.43	.45
RADIOLOGY	3	4	592.55	148.14	.003	197.52	.49
ROOM USE	1	3	221.72	73.91	.002	221.72	.18
CROSSOVERS/ALL OTH OUTPTNT	1	2	3.70	1.85	.002	3.70	.00
@COUNTY HOSPITAL TOTAL	1	2	\$ 3.70	\$ 1.85	.002	\$ 3.70	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	3.70	1.85	.002	3.70	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	3.70	1.85	.002	3.70	.00

1,212 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	118	\$ 48,031.57	\$ 407.05	.097	\$ 3430.83	\$ 39.63
COMM HOSP INPATIENT TOTAL	6	63	46,572.69	739.25	.052	7762.12	38.43
HSC HOSPITALS	1	29	35,090.00	1210.00	.024	35090.00	28.95
NON-HSC HOSPITALS TOTAL	2	21	8,161.29	388.63	.017	4080.65	6.73
ACCOMMODATIONS	2	21	4,322.36	205.83	.017	2161.18	3.57
ADMINISTRATIVE DAYS	1	20	3,691.60	184.58	.017	3691.60	3.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	630.76	630.76	.001	630.76	.52
ANCILLARIES	2	0	3,838.93	.00	.000	1919.47	3.17
INPATIENT CROSSOVERS	4	13	3,321.40	255.49	.011	830.35	2.74
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	55	1,458.88	26.53	.045	162.10	1.20
MEDICAL	1	1	18.08	18.08	.001	18.08	.01
SURGERY	1	1	82.70	82.70	.001	82.70	.07
PATHOLOGY	9	46	543.83	11.82	.038	60.43	.45
RADIOLOGY	3	4	592.55	148.14	.003	197.52	.49
ROOM USE	1	3	221.72	73.91	.002	221.72	.18
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	989	33,643	\$ 3,511,515.34	\$ 104.38	27.758	\$ 3550.57	\$ 2897.29
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	8	304	164,450.64	540.96	.251	20556.33	135.69
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	981	33,339	3,347,064.70	100.39	27.507	3411.89	2761.60
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 60.25	\$ 60.25	.001	\$ 60.25	\$.05
PATHOLOGY	1	1	60.25	60.25	.001	60.25	.05
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$ 412.00	\$ 206.00	.002	\$ 206.00	\$.34
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2	412.00	206.00	.002	206.00	.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 792
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL						

1,212 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	70	1,472	\$ 18,239.25	\$ 12.39	1.215	\$ 260.56	\$ 15.05
DURABLE MED. EQUIP.	11	53	5,392.24	101.74	.044	490.20	4.45
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	118.23	118.23	.001	118.23	.10
MEDICAL TRANSPORTATION	27	152	1,856.49	12.21	.125	68.76	1.53

AMBULANCES/AIR TRANS	6	19	824.37	43.39	.016	137.40	.68
OTHER TRANS	14	92	608.62	6.62	.076	43.47	.50
OTHER SERVICES	10	41	423.50	10.33	.034	42.35	.35
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	18	226.56	12.59	.015	37.76	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	2.51	.63	.003	1.26	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	6	6	53.97	9.00	.005	9.00	.04
SPEECH AND AUDIOLOGY	2	2	682.72	341.36	.002	341.36	.56
HOSPICE SERVICES	3	84	9,153.67	108.97	.069	3051.22	7.55
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	1,152	752.86	.65	.950	44.29	.62
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	289	3,638	77,326.62	21.26	3.002	267.57	63.80

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 793
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

2,576 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,283	50,913	\$ 3,961,265.80	\$ 77.80	19.764	\$ 1735.11	\$ 1537.76
@PHYSICIANS SERVICES	294	1,682	\$ 17,784.98	\$ 10.57	.653	\$ 60.49	\$ 6.90
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	.00	.00	.000	.00	.00
HOSPITAL VISITS	1	1	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	137	.00	.00	.053	.00	.00
PRINCIPAL SURGEON	2	2	.00	.00	.001	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	135	.00	.00	.052	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	4	4	76.91	19.23	.002	19.23	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	288	1,540	17,708.07	11.50	.598	61.49	6.87
@PHARMACY	1,924	12,192	\$ 544,359.30	\$ 44.65	4.733	\$ 282.93	\$ 211.32
PRESCRIPTION DRUGS	1,916	9,738	541,094.71	55.57	3.780	282.41	210.05
SNF/ICF	922	5,969	302,366.07	50.66	2.317	327.95	117.38
OUTPATIENTS	1,006	3,769	238,728.64	63.34	1.463	237.30	92.67
MEDICAL SUPPLIES	44	2,454	3,264.59	1.33	.953	74.20	1.27
@DENTIST	73	212	\$ 11,231.00	\$ 52.98	.082	\$ 153.85	\$ 4.36
VISITS - DIAGNOSTIC	57	147	2,092.00	14.23	.057	36.70	.81
ORAL SURGERY	4	15	967.00	64.47	.006	241.75	.38
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.000	118.00	.05
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	9	1,004.00	111.56	.003	167.33	.39
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	18	34	7,020.00	206.47	.013	390.00	2.73
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	5	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 794
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED						

2,576 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	59	103	\$	2,091.18	\$ 20.30	.040	\$ 35.44	\$.81
DIAGNOSTIC AND ANC. PROCED	21	21		354.23	16.87	.008	16.87	.14
EYE APPLIANCES	30	74		1,343.07	18.15	.029	44.77	.52
OTHER OPTOMETRIC SERVICES	11	8		393.88	49.24	.003	35.81	.15
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.000	\$ 16.72	\$.01
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		16.72	16.72	.000	16.72	.01
@PODIATRIST	175	191	\$	1,787.65	\$ 9.36	.074	\$ 10.22	\$.69
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	175	191		1,787.65	9.36	.074	10.22	.69
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	56	418	\$	41,100.10	\$ 98.33	.162	\$ 733.93	\$ 15.96
HOSP INPATIENT TOTAL	22	203		36,128.64	177.97	.079	1642.21	14.03
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	22	203		36,128.64	177.97	.079	1642.21	14.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	36	215		4,971.46	23.12	.083	138.10	1.93
MEDICAL	0	0		.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	7		89.55	12.79	.003	89.55	.03
RADIOLOGY	2	2		115.22	57.61	.001	57.61	.04
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	33	206		4,766.69	23.14	.080	144.45	1.85
@COUNTY HOSPITAL TOTAL	2	82	\$	2,695.93	32.88	.032	\$ 1347.97	\$ 1.05
CO HOSPITAL INPATIENT TOTAL	1	60		2,576.00	42.93	.023	2576.00	1.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	60		2,576.00	42.93	.023	2576.00	1.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	2	22	119.93	5.45	.009	59.97	.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	22	119.93	5.45	.009	59.97	.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 795
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,576 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	54	336	\$ 38,404.17	\$ 114.30	.130	\$ 711.19	\$ 14.91
COMM HOSP INPATIENT TOTAL	21	143	33,552.64	234.63	.056	1597.74	13.03
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	21	143	33,552.64	234.63	.056	1597.74	13.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	34	193	4,851.53	25.14	.075	142.69	1.88
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	7	89.55	12.79	.003	89.55	.03
RADIOLOGY	2	2	115.22	57.61	.001	57.61	.04
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	31	184	4,646.76	25.25	.071	149.90	1.80
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	952	31,942	\$ 3,279,212.05	\$ 102.66	12.400	\$ 3444.55	\$ 1272.99
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	113	57,874.33	512.16	.044	19291.44	22.47
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	949	31,829	3,221,337.72	101.21	12.356	3394.45	1250.52
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	29	\$ 230.26	\$ 7.94	.011	\$ 230.26	\$.09
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	29	230.26	7.94	.011	230.26	.09
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	26	\$ 68.32	\$ 2.63	.010	\$ 22.77	\$.03
PATHOLOGY	1	24	56.08	2.34	.009	56.08	.02
XO AND OTHERS	2	2	12.24	6.12	.001	6.12	.00
@ORGANIZED OUTPATIENT CLINIC	187	295	\$ 26,454.43	\$ 89.68	.115	\$ 141.47	\$ 10.27
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	2	403.06	201.53	.001	201.53	.16
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	186	293	26,051.37	88.91	.114	140.06	10.11

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2,576 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	214	3,822	\$ 36,929.81	\$ 9.66	1.484	\$	172.57	\$ 14.34
DURABLE MED. EQUIP.	11	49	5,292.56	108.01	.019		481.14	2.05
BLOOD BANK	0	0	.00	.00	.000		.00	.00
HEARING AID DISPENSERS	3	3	1,161.85	387.28	.001		387.28	.45
MEDICAL TRANSPORTATION	30	384	2,217.53	5.77	.149		73.92	.86
AMBULANCES/AIR TRANS	1	2	110.71	55.36	.001		110.71	.04
OTHER TRANS	15	182	1,326.49	7.29	.071		88.43	.51
OTHER SERVICES	16	200	780.33	3.90	.078		48.77	.30
ACUPUNCTURE	0	0	.00	.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000		.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	35	272	11,971.41	44.01	.106		342.04	4.65
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	33	79	924.43	11.70	.031		28.01	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	3	5	2.64	.53	.002		.88	.00
PROSTHETIST/ORTHOTISTS	1	2	72.20	36.10	.001		72.20	.03
PROSTHETICS	1	2	72.20	36.10	.001		72.20	.03
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	4	4	22.56	5.64	.002		5.64	.01
SPEECH AND AUDIOLOGY	3	3	827.72	275.91	.001		275.91	.32
HOSPICE SERVICES	3	96	10,453.11	108.89	.037		3484.37	4.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	103	2,925	3,983.80	1.36	1.135		38.68	1.55
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	\$	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	620	5,840	\$ 138,824.64	\$ 23.77	2.267	\$	223.91	\$ 53.89

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

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01/29/04

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	6	94	\$ 2,316.70	\$ 24.65	15.667	\$	386.12	\$ 386.12
@PHYSICIANS SERVICES	5	5	\$ 122.32	\$ 24.46	.833	\$	24.46	\$ 20.39
OUTPATIENT VISITS	3	3	72.11	24.04	.500		24.04	12.02
OFFICE VISITS	3	3	72.11	24.04	.500		24.04	12.02
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.000	.00	.00
OUTPATIENT SURGERY	1	1		34.62	34.62	.167	34.62	5.77
PRINCIPAL SURGEON	1	1		34.62	34.62	.167	34.62	5.77
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		15.59	15.59	.167	15.59	2.60
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	3	9	\$	214.07	\$ 23.79	1.500	\$ 71.36	\$ 35.68
PRESCRIPTION DRUGS	3	9		214.07	23.79	1.500	71.36	35.68
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	3	9		214.07	23.79	1.500	71.36	35.68
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	13	\$	539.10	\$ 41.47	2.167	\$ 539.10	\$ 89.85
VISITS - DIAGNOSTIC	1	10		184.00	18.40	1.667	184.00	30.67
ORAL SURGERY	1	1		.00	.00	.167	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		215.00	215.00	.167	215.00	35.83
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		140.10	140.10	.167	140.10	23.35
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 798
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND							

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 55.00	\$ 55.00	.167	\$ 55.00	\$ 9.17
MEDICINE/INJECTIONS	1	1	55.00	55.00	.167	55.00	9.17
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3	4	\$ 106.26	\$ 26.57	.667	\$ 35.42	\$ 17.71
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	4	106.26	26.57	.667	35.42	17.71
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	97.93	32.64	.500	32.64	16.32
CROSSOVERS/ALL OTH OUTPTNT	1	1	8.33	8.33	.167	8.33	1.39
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 799
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND						

	06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	4	\$	106.26	\$ 26.57	.667	\$ 35.42	\$ 17.71
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	4		106.26	26.57	.667	35.42	17.71
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	3	3		97.93	32.64	.500	32.64	16.32
CROSSOVERS/ALL OTH OUTPTNT	1	1		8.33	8.33	.167	8.33	1.39
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00

@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	10	\$	886.34	\$ 88.63	1.667	\$ 221.59	\$ 147.72
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	7		268.34	38.33	1.167	268.34	44.72
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	3		618.00	206.00	.500	206.00	103.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 800
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	52	\$ 393.61	\$ 7.57	8.667	\$ 196.81	\$ 65.60
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	36.40	12.13	.500	36.40	6.07
PROSTHETICS	1	3	36.40	12.13	.500	36.40	6.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	49	357.21	7.29	8.167	178.61	59.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE	801
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR		MEDICALLY NEEDY - DISABLED

1,359 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,143	30,220	\$ 1,041,619.82	\$ 34.47	22.237	\$ 911.30	\$ 766.46
@PHYSICIANS SERVICES	280	901	\$ 26,292.62	\$ 29.18	.663	\$ 93.90	\$ 19.35
OUTPATIENT VISITS	70	87	3,051.30	35.07	.064	43.59	2.25
OFFICE VISITS	64	78	2,725.50	34.94	.057	42.59	2.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	152.68	76.34	.001	76.34	.11

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	7	173.12	24.73	.005	34.62	.13
INPATIENT VISITS	21	137	4,840.43	35.33	.101	230.50	3.56
HOSPITAL VISITS	11	125	4,248.53	33.99	.092	386.23	3.13
CRITICAL CARE	1	2	243.20	121.60	.001	243.20	.18
SNF/ICF/TRANS IP CARE	9	10	348.70	34.87	.007	38.74	.26
OPHTHALMOLOGICAL SERVICES	5	5	272.59	54.52	.004	54.52	.20
EXAMINATIONS	5	5	272.59	54.52	.004	54.52	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	15	1,269.21	84.61	.011	211.54	.93
PRINCIPAL SURGEON	6	8	1,016.54	127.07	.006	169.42	.75
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	252.67	36.10	.005	126.34	.19
OUTPATIENT SURGERY	21	53	6,331.52	119.46	.039	301.50	4.66
PRINCIPAL SURGEON	21	29	5,792.83	199.75	.021	275.85	4.26
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	24	538.69	22.45	.018	179.56	.40
DIALYSIS	2	11	391.24	35.57	.008	195.62	.29
PATHOLOGY	7	13	542.67	41.74	.010	77.52	.40
RADIOLOGY	48	77	3,123.44	40.56	.057	65.07	2.30
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	25	72.38	2.90	.018	10.34	.05
OTHER SERVICES/ALL X-OVERS	169	478	6,397.84	13.38	.352	37.86	4.71
@PHARMACY	969	9,185	\$ 412,589.41	\$ 44.92	6.759	\$ 425.79	\$ 303.60
PRESCRIPTION DRUGS	965	4,522	408,933.67	90.43	3.327	423.77	300.91
SNF/ICF	103	906	56,450.38	62.31	.667	548.06	41.54
OUTPATIENTS	864	3,616	352,483.29	97.48	2.661	407.97	259.37
MEDICAL SUPPLIES	50	4,663	3,655.74	.78	3.431	73.11	2.69
@DENTIST	50	185	\$ 8,451.00	\$ 45.68	.136	\$ 169.02	\$ 6.22
VISITS - DIAGNOSTIC	30	121	1,632.00	13.49	.089	54.40	1.20
ORAL SURGERY	7	12	1,030.00	85.83	.009	147.14	.76
DRUGS	1	1	15.00	15.00	.001	15.00	.01
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.07
PERIODONTICS	1	1	55.00	55.00	.001	55.00	.04
ENDODONTICS	3	4	1,020.00	255.00	.003	340.00	.75
RESTORATIVE DENTISTRY	18	38	3,799.00	99.97	.028	211.06	2.80
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	7	800.00	114.29	.005	200.00	.59
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

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	1,359 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	31	79	\$	1,727.67	\$ 21.87	.058	\$ 55.73	\$ 1.27
DIAGNOSTIC AND ANC. PROCED	13	13		459.61	35.35	.010	35.35	.34
EYE APPLIANCES	21	60		1,139.99	19.00	.044	54.29	.84
OTHER OPTOMETRIC SERVICES	4	6		128.07	21.35	.004	32.02	.09
@CHIROPRACTOR	2	7	\$	48.56	\$ 6.94	.005	\$ 24.28	\$.04
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	7		48.56	6.94	.005	24.28	.04
@PODIATRIST	28	30	\$	561.47	\$ 18.72	.022	\$ 20.05	\$.41
MEDICINE/INJECTIONS	5	5		167.40	33.48	.004	33.48	.12
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	3	3		51.90		17.30	.002	17.30	.04
OTHER	22	22		342.17		15.55	.016	15.55	.25
@HOME HEALTH AGENCY	5	44	\$	1,390.16	\$	31.59	.032	\$ 278.03	\$ 1.02
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	138	748	\$	144,202.02	\$	192.78	.550	\$ 1044.94	\$ 106.11
HOSP INPATIENT TOTAL	17	135		129,589.83		959.92	.099	7622.93	95.36
HSC HOSPITALS	3	59		71,975.00		1219.92	.043	23991.67	52.96
NON-HSC HOSPITAL TOTAL	8	41		51,277.77		1250.68	.030	6409.72	37.73
ACCOMMODATIONS	8	41		13,024.66		317.67	.030	1628.08	9.58
ADMINISTRATIVE DAYS	3	29		5,773.30		199.08	.021	1924.43	4.25
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	5	12		7,251.36		604.28	.009	1450.27	5.34
ANCILLARIES	8	0		38,253.11		.00	.000	4781.64	28.15
INPATIENT CROSSOVERS	8	35		6,337.06		181.06	.026	792.13	4.66
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	125	613		14,612.19		23.84	.451	116.90	10.75
MEDICAL	25	32		1,642.38		51.32	.024	65.70	1.21
SURGERY	9	8		467.78		58.47	.006	51.98	.34
PATHOLOGY	70	359		3,562.04		9.92	.264	50.89	2.62
RADIOLOGY	34	36		3,255.81		90.44	.026	95.76	2.40
ROOM USE	29	46		2,284.22		49.66	.034	78.77	1.68
CROSSOVERS/ALL OTH OUTPTNT	36	132		3,399.96		25.76	.097	94.44	2.50
@COUNTY HOSPITAL TOTAL	3	13	\$	1,504.14	\$	115.70	.010	\$ 501.38	\$ 1.11
CO HOSPITAL INPATIENT TOTAL	2	10		1,490.00		149.00	.007	745.00	1.10
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	2	10		1,490.00		149.00	.007	745.00	1.10
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3		14.14		4.71	.002	14.14	.01
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3		14.14		4.71	.002	14.14	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

						----- MONTHLY AVERAGE -----		
1,359 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	135	735	\$ 142,697.88	\$ 194.15	.541	\$ 1057.02	\$ 105.00	
COMM HOSP INPATIENT TOTAL	15	125	128,099.83	1024.80	.092	8539.99	94.26	
HSC HOSPITALS	3	59	71,975.00	1219.92	.043	23991.67	52.96	
NON-HSC HOSPITALS TOTAL	8	41	51,277.77	1250.68	.030	6409.72	37.73	
ACCOMMODATIONS	8	41	13,024.66	317.67	.030	1628.08	9.58	
ADMINISTRATIVE DAYS	3	29	5,773.30	199.08	.021	1924.43	4.25	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	5	12	7,251.36	604.28	.009	1450.27	5.34	
ANCILLARIES	8	0	38,253.11	.00	.000	4781.64	28.15	
INPATIENT CROSSOVERS	6	25	4,847.06	193.88	.018	807.84	3.57	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	124	610		14,598.05		23.93	.449	117.73	10.74
MEDICAL	25	32		1,642.38		51.32	.024	65.70	1.21
SURGERY	9	8		467.78		58.47	.006	51.98	.34
PATHOLOGY	70	359		3,562.04		9.92	.264	50.89	2.62
RADIOLOGY	34	36		3,255.81		90.44	.026	95.76	2.40
ROOM USE	29	46		2,284.22		49.66	.034	78.77	1.68
CROSSOVERS/ALL OTH OUTPTNT	35	129		3,385.82		26.25	.095	96.74	2.49
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	78	2,681	\$	362,418.17	\$	135.18	1.973	4646.39	266.68
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	191		106,576.31		557.99	.141	21315.26	78.42
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	73	2,490		255,841.86		102.75	1.832	3504.68	188.26
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	13	\$	1,765.49	\$	135.81	.010	1765.49	1.30
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	1	13		1,765.49		135.81	.010	1765.49	1.30
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	20	62	\$	986.55	\$	15.91	.046	49.33	.73
PATHOLOGY	16	54		942.04		17.45	.040	58.88	.69
XO AND OTHERS	4	8		44.51		5.56	.006	11.13	.03
@ORGANIZED OUTPATIENT CLINIC	238	398	\$	48,103.59	\$	120.86	.293	202.12	35.40
CLINIC	2	2		50.63		25.32	.001	25.32	.04
SURGICENTER	1	1		199.88		199.88	.001	199.88	.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	235	395		47,853.08		121.15	.291	203.63	35.21
#CALIF DEPT OF HEALTH SERV									
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				----- MONTHLY AVERAGE -----				
1,359 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	118	15,887	\$ 33,083.11	\$ 2.08	11.690	\$ 280.37	\$ 24.34	
DURABLE MED. EQUIP.	7	14	5,795.34	413.95	.010	827.91	4.26	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	22	378	4,993.11	13.21	.278	226.96	3.67	
AMBULANCES/AIR TRANS	12	141	2,458.44	17.44	.104	204.87	1.81	
OTHER TRANS	7	111	490.67	4.42	.082	70.10	.36	
OTHER SERVICES	6	126	2,044.00	16.22	.093	340.67	1.50	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	2	4	798.90	199.73	.003	399.45	.59	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	23	49	564.73	11.53	.036	24.55	.42	
PHYSICAL THERAPIST	1	6	.56	.09	.004	.56	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	3	48	10,764.19	224.25	.035	3588.06	7.92	
PROSTHETICS	3	48	10,764.19	224.25	.035	3588.06	7.92	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	

PSYCHOLOGIST	3	3	37.49	12.50	.002	12.50	.03
SPEECH AND AUDIOLOGY	1	2	71.81	35.91	.001	71.81	.05
HOSPICE SERVICES	1	13	1,437.28	110.56	.010	1437.28	1.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	3,209	4,807.80	1.50	2.361	600.98	3.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	62	12,161	3,811.90	.31	8.948	61.48	2.80
@CALIF. CHILDREN SERVICES*	3	10	\$ 1,400.45	\$ 140.05	.007	\$ 466.82	\$ 1.03
@XOVER EXCLUDING STATE HOSP**	232	5,508	\$ 34,960.61	\$ 6.35	4.053	\$ 150.69	\$ 25.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL

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AMADOR COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

15,444 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,336	42,961	\$ 2,483,062.94	\$ 57.80	2.782	\$ 338.48	\$ 160.78
@PHYSICIANS SERVICES	2,229	6,928	\$ 280,913.59	\$ 40.55	.449	\$ 126.03	\$ 18.19
OUTPATIENT VISITS	1,376	1,889	70,125.50	37.12	.122	50.96	4.54
OFFICE VISITS	1,183	1,528	49,510.54	32.40	.099	41.85	3.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	86	88	4,932.93	56.06	.006	57.36	.32
PREVENTIVE CARE	5	5	265.18	53.04	.000	53.04	.02
OB VISITS/COMPRE PERI	100	210	13,748.38	65.47	.014	137.48	.89
OTHER OUTPATIENT	47	58	1,668.47	28.77	.004	35.50	.11
INPATIENT VISITS	118	320	18,634.84	58.23	.021	157.92	1.21
HOSPITAL VISITS	107	274	12,601.55	45.99	.018	117.77	.82
CRITICAL CARE	15	43	5,911.99	137.49	.003	394.13	.38
SNF/ICF/TRANS IP CARE	2	3	121.30	40.43	.000	60.65	.01
OPHTHALMOLOGICAL SERVICES	6	6	258.20	43.03	.000	43.03	.02
EXAMINATIONS	6	6	258.20	43.03	.000	43.03	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	144	1,621	88,189.05	54.40	.105	612.42	5.71
PRINCIPAL SURGEON	98	115	74,708.64	649.64	.007	762.33	4.84
ASSISTANT SURGEON	17	17	3,024.81	177.93	.001	177.93	.20
ANESTHESIOLOGIST	50	1,489	10,455.60	7.02	.096	209.11	.68
OUTPATIENT SURGERY	209	623	35,486.77	56.96	.040	169.79	2.30
PRINCIPAL SURGEON	172	209	27,967.59	133.82	.014	162.60	1.81
ASSISTANT SURGEON	3	3	491.02	163.67	.000	163.67	.03
ANESTHESIOLOGIST	54	411	7,028.16	17.10	.027	130.15	.46
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	199	318	8,101.67	25.48	.021	40.71	.52
RADIOLOGY	695	1,093	35,053.23	32.07	.071	50.44	2.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	51	177	5,227.46	29.53	.011	102.50	.34
OTHER SERVICES/ALL X-OVERS	245	881	19,836.87	22.52	.057	80.97	1.28
@PHARMACY	3,840	10,503	\$ 534,222.76	\$ 50.86	.680	\$ 139.12	\$ 34.59
PRESCRIPTION DRUGS	3,820	9,459	528,369.27	55.86	.612	138.32	34.21
SNF/ICF	4	15	289.35	19.29	.001	72.34	.02
OUTPATIENTS	3,819	9,444	528,079.92	55.92	.611	138.28	34.19
MEDICAL SUPPLIES	74	1,044	5,853.49	5.61	.068	79.10	.38
@DENTIST	525	2,526	\$ 108,359.47	\$ 42.90	.164	\$ 206.40	\$ 7.02
VISITS - DIAGNOSTIC	335	1,513	23,428.40	15.48	.098	69.94	1.52
ORAL SURGERY	61	151	11,115.50	73.61	.010	182.22	.72
DRUGS	5	9	30.00	3.33	.001	6.00	.00
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.02
PERIODONTICS	9	9	1,341.00	149.00	.001	149.00	.09
ENDODONTICS	68	134	24,121.00	180.01	.009	354.72	1.56
RESTORATIVE DENTISTRY	201	625	42,814.50	68.50	.040	213.01	2.77
PROSTHETICS	2	2	30.00	15.00	.000	15.00	.00
DENTURES, STAYPLATES	7	11	2,395.00	217.73	.001	342.14	.16
SPACE MAINTAINERS	1	1	111.00	111.00	.000	111.00	.01
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.000	98.07	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	42	46	2,575.00	55.98	.003	61.31	.17
ALL OTHER SERVICES	10	21	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

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01/29/04

15,444 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

MONTHLY AVERAGE
UNITS/DAYS COST PER
PER ELIG USER

COST PER
ELIGIBLE

@OPTOMETRIST	207	462	\$	11,526.92	\$	24.95	.030	\$	55.69	\$	.75
DIAGNOSTIC AND ANC. PROCED	139	139		6,451.30		46.41	.009		46.41		.42
EYE APPLIANCES	100	281		4,202.58		14.96	.018		42.03		.27
OTHER OPTOMETRIC SERVICES	33	42		873.04		20.79	.003		26.46		.06
@CHIROPRACTOR	14	16	\$	267.52	\$	16.72	.001	\$	19.11	\$	.02
VISITS	14	16		267.52		16.72	.001		19.11		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	21	27	\$	1,005.02	\$	37.22	.002	\$	47.86	\$	.07
MEDICINE/INJECTIONS	15	17		703.40		41.38	.001		46.89		.05
SURGERY/ANES.	5	7		245.62		35.09	.000		49.12		.02
RADIO./PATHOLOGY	2	2		34.60		17.30	.000		17.30		.00
OTHER	1	1		21.40		21.40	.000		21.40		.00
@HOME HEALTH AGENCY	6	37	\$	2,501.44	\$	67.61	.002	\$	416.91	\$	.16
NURSE ANESTHESIST	1	26	\$	396.16	\$	15.24	.002	\$	396.16	\$	.03
NURSE MIDWIFE	4	41	\$	1,417.84	\$	34.58	.003	\$	354.46	\$	.09
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	7	\$	165.50	\$	23.64	.000	\$	82.75	\$	.01
@TOTAL HOSPITAL	2,181	9,240	\$	1,020,413.76	\$	110.43	.598	\$	467.87	\$	66.07
HOSP INPATIENT TOTAL	128	491		753,395.51		1534.41	.032		5885.90		48.78
HSC HOSPITALS	45	150		169,892.69		1132.62	.010		3775.39		11.00
NON-HSC HOSPITAL TOTAL	86	341		582,662.82		1708.69	.022		6775.15		37.73
ACCOMMODATIONS	85	341		179,156.79		525.39	.022		2107.73		11.60
ADMINISTRATIVE DAYS	1	4		925.20		231.30	.000		925.20		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	84	337		178,231.59		528.88	.022		2121.80		11.54
ANCILLARIES	86	0		403,506.03		.00	.000		4691.93		26.13
INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00		.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,116	8,749		267,018.25		30.52	.566		126.19		17.29
MEDICAL	1,024	1,667		73,334.35		43.99	.108		71.62		4.75
SURGERY	92	108		5,017.38		46.46	.007		54.54		.32
PATHOLOGY	751	3,096		34,251.46		11.06	.200		45.61		2.22
RADIOLOGY	583	823		60,636.51		73.68	.053		104.01		3.93
ROOM USE	1,230	1,747		68,228.62		39.05	.113		55.47		4.42
CROSSOVERS/ALL OTH OUTPTNT	519	1,308		25,549.93		19.53	.085		49.23		1.65
@COUNTY HOSPITAL TOTAL	13	43	\$	9,162.24	\$	213.08	.003	\$	704.79	\$	.59
CO HOSPITAL INPATIENT TOTAL	2	7		7,363.00		1051.86	.000		3681.50		.48
HSC HOSPITALS	2	7		7,363.00		1051.86	.000		3681.50		.48
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	11	36		1,799.24		49.98	.002		163.57		.12
MEDICAL	4	4		112.39		28.10	.000		28.10		.01
SURGERY	2	2		86.33		43.17	.000		43.17		.01
PATHOLOGY	3	16		254.52		15.91	.001		84.84		.02
RADIOLOGY	1	2		97.99		49.00	.000		97.99		.01
ROOM USE	6	8		249.19		31.15	.001		41.53		.02
CROSSOVERS/ALL OTH OUTPTNT	4	4		998.82		249.71	.000		249.71		.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 807
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AMADOR COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES										

	15,444 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		2,172	9,197	\$ 1,011,251.52	\$ 109.95	.596	\$ 465.59	\$ 65.48

COMM HOSP INPATIENT TOTAL	126	484		746,032.51	1541.39	.031	5920.89	48.31
HSC HOSPITALS	43	143		162,529.69	1136.57	.009	3779.76	10.52
NON-HSC HOSPITALS TOTAL	86	341		582,662.82	1708.69	.022	6775.15	37.73
ACCOMMODATIONS	85	341		179,156.79	525.39	.022	2107.73	11.60
ADMINISTRATIVE DAYS	1	4		925.20	231.30	.000	925.20	.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	84	337		178,231.59	528.88	.022	2121.80	11.54
ANCILLARIES	86	0		403,506.03	.00	.000	4691.93	26.13
INPATIENT CROSSOVERS	1	0		840.00	.00	.000	840.00	.05
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,109	8,713		265,219.01	30.44	.564	125.76	17.17
MEDICAL	1,021	1,663		73,221.96	44.03	.108	71.72	4.74
SURGERY	90	106		4,931.05	46.52	.007	54.79	.32
PATHOLOGY	748	3,080		33,996.94	11.04	.199	45.45	2.20
RADIOLOGY	582	821		60,538.52	73.74	.053	104.02	3.92
ROOM USE	1,225	1,739		67,979.43	39.09	.113	55.49	4.40
CROSSOVERS/ALL OTH OUTPTNT	517	1,304		24,551.11	18.83	.084	47.49	1.59
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	4	52	\$	9,392.10	\$ 180.62	.003	\$ 2348.03	\$.61
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	4	52		9,392.10	180.62	.003	2348.03	.61
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	3	\$	130.50	\$ 43.50	.000	\$ 65.25	\$.01
HOSPITAL BASED	2	3		130.50	43.50	.000	65.25	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	396	1,268	\$	24,104.50	\$ 19.01	.082	\$ 60.87	\$ 1.56
PATHOLOGY	395	1,267		24,059.87	18.99	.082	60.91	1.56
XO AND OTHERS	1	1		44.63	44.63	.000	44.63	.00
@ORGANIZED OUTPATIENT CLINIC	1,718	2,511	\$	416,532.52	\$ 165.88	.163	\$ 242.45	\$ 26.97
CLINIC	31	107		4,256.03	39.78	.007	137.29	.28
SURGICENTER	12	92		2,894.15	31.46	.006	241.18	.19
HEROIN DETOX CLINIC	3	21		269.43	12.83	.001	89.81	.02
RURAL HEALTH CLINIC	1,677	2,291		409,112.91	178.57	.148	243.96	26.49
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 808
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES							

						----- MONTHLY AVERAGE -----			
15,444 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	880	9,314	\$	71,713.34	\$ 7.70	.603	\$ 81.49	\$ 4.64	
DURABLE MED. EQUIP.	38	115		7,953.15	69.16	.007	209.29	.51	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	2	2		1,318.17	659.09	.000	659.09	.09	
MEDICAL TRANSPORTATION	108	1,641		14,889.62	9.07	.106	137.87	.96	
AMBULANCES/AIR TRANS	106	1,604		14,787.69	9.22	.104	139.51	.96	
OTHER TRANS	1	8		75.80	9.48	.001	75.80	.00	
OTHER SERVICES	1	29		26.13	.90	.002	26.13	.00	
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	31	31	3,255.00	105.00	.002	105.00	.21
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	115	254	2,294.08	9.03	.016	19.95	.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.00
PROSTHETIST/ORTHOTISTS	6	10	614.04	61.40	.001	102.34	.04
PROSTHETICS	1	4	221.21	55.30	.000	221.21	.01
ORTHOTICS	5	6	392.83	65.47	.000	78.57	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	277.72	46.29	.000	92.57	.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	1,046.55	1046.55	.000	1046.55	.07
LOCAL EDUCATION AGENCIES	563	3,969	37,545.12	9.46	.257	66.69	2.43
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	24	3,282	2,432.60	.74	.213	101.36	.16
@CALIF. CHILDREN SERVICES*	68	324	\$ 45,331.20	\$ 139.91	.021	\$ 666.64	\$ 2.94
@XOVER EXCLUDING STATE HOSP**	32	118	\$ 2,160.78	\$ 18.31	.008	\$ 67.52	\$.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	19,385 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	10,768	124,188	\$	7,488,265.26	\$ 60.30	6.406	\$ 695.42	\$ 386.29
@PHYSICIANS SERVICES	2,808	9,516	\$	325,113.51	\$ 34.16	.491	\$ 115.78	\$ 16.77
OUTPATIENT VISITS	1,449	1,979		73,248.91	37.01	.102	50.55	3.78
OFFICE VISITS	1,250	1,609		52,308.15	32.51	.083	41.85	2.70
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	88	90		5,085.61	56.51	.005	57.79	.26
PREVENTIVE CARE	5	5		265.18	53.04	.000	53.04	.01
OB VISITS/COMPRE PERI	100	210		13,748.38	65.47	.011	137.48	.71
OTHER OUTPATIENT	52	65		1,841.59	28.33	.003	35.42	.10
INPATIENT VISITS	140	458		23,475.27	51.26	.024	167.68	1.21
HOSPITAL VISITS	119	400		16,850.08	42.13	.021	141.60	.87
CRITICAL CARE	16	45		6,155.19	136.78	.002	384.70	.32
SNF/ICF/TRANS IP CARE	11	13		470.00	36.15	.001	42.73	.02
OPHTHALMOLOGICAL SERVICES	11	11		530.79	48.25	.001	48.25	.03
EXAMINATIONS	11	11		530.79	48.25	.001	48.25	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	152	1,773		89,458.26	50.46	.091	588.54	4.61
PRINCIPAL SURGEON	106	125		75,725.18	605.80	.006	714.39	3.91
ASSISTANT SURGEON	17	17		3,024.81	177.93	.001	177.93	.16
ANESTHESIOLOGIST	53	1,631		10,708.27	6.57	.084	202.04	.55
OUTPATIENT SURGERY	231	677		41,852.91	61.82	.035	181.18	2.16
PRINCIPAL SURGEON	194	239		33,795.04	141.40	.012	174.20	1.74
ASSISTANT SURGEON	3	3		491.02	163.67	.000	163.67	.03
ANESTHESIOLOGIST	57	435		7,566.85	17.40	.022	132.75	.39
DIALYSIS	2	11		391.24	35.57	.001	195.62	.02
PATHOLOGY	206	331		8,644.34	26.12	.017	41.96	.45
RADIOLOGY	748	1,175		38,269.17	32.57	.061	51.16	1.97
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	58	202		5,299.84	26.24	.010	91.38	.27
OTHER SERVICES/ALL X-OVERS	702	2,899		43,942.78	15.16	.150	62.60	2.27

@PHARMACY	6,736	31,889	\$	1,491,385.54	\$	46.77	1.645	\$	221.41	\$	76.94
PRESCRIPTION DRUGS	6,704	23,728		1,478,611.72		62.32	1.224		220.56		76.28
SNF/ICF	1,029	6,890		359,105.80		52.12	.355		348.99		18.52
OUTPATIENTS	5,692	16,838		1,119,505.92		66.49	.869		196.68		57.75
MEDICAL SUPPLIES	168	8,161		12,773.82		1.57	.421		76.03		.66
@DENTIST	649	2,936	\$	128,580.57	\$	43.79	.151	\$	198.12	\$	6.63
VISITS - DIAGNOSTIC	423	1,791		27,336.40		15.26	.092		64.63		1.41
ORAL SURGERY	73	179		13,112.50		73.25	.009		179.62		.68
DRUGS	6	10		45.00		4.50	.001		7.50		.00
ANESTHESIA	4	4		400.00		100.00	.000		100.00		.02
PERIODONTICS	11	11		1,514.00		137.64	.001		137.64		.08
ENDODONTICS	72	139		25,356.00		182.42	.007		352.17		1.31
RESTORATIVE DENTISTRY	225	672		47,617.50		70.86	.035		211.63		2.46
PROSTHETICS	3	3		60.00		20.00	.000		20.00		.00
DENTURES, STAYPLATES	29	52		10,215.00		196.44	.003		352.24		.53
SPACE MAINTAINERS	1	1		111.00		111.00	.000		111.00		.01

MAXILLOFACIAL SERVICES	2	2	238.17	119.09	.000	119.09	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	42	46	2,575.00	55.98	.002	61.31	.13
ALL OTHER SERVICES	12	26	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 810
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDED - TOTAL

19,385 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	297	644	\$ 15,345.77	\$ 23.83	.033	\$ 51.67	\$.79
DIAGNOSTIC AND ANC. PROCED	173	173	7,265.14	42.00	.009	42.00	.37
EYE APPLIANCES	151	415	6,685.64	16.11	.021	44.28	.34
OTHER OPTOMETRIC SERVICES	48	56	1,394.99	24.91	.003	29.06	.07
@CHIROPRACTOR	17	24	\$ 332.80	\$ 13.87	.001	\$ 19.58	\$.02
VISITS	14	16	267.52	16.72	.001	19.11	.01
OTHER SERVICES	3	8	65.28	8.16	.000	21.76	.00
@PODIATRIST	225	249	\$ 3,409.14	\$ 13.69	.013	\$ 15.15	\$.18
MEDICINE/INJECTIONS	21	23	925.80	40.25	.001	44.09	.05
SURGERY/ANES.	5	7	245.62	35.09	.000	49.12	.01
RADIO./PATHOLOGY	5	5	86.50	17.30	.000	17.30	.00
OTHER	198	214	2,151.22	10.05	.011	10.86	.11
@HOME HEALTH AGENCY	11	81	\$ 3,891.60	\$ 48.04	.004	\$ 353.78	\$.20
NURSE ANESTHESIST	1	26	\$ 396.16	\$ 15.24	.001	\$ 396.16	\$.02
NURSE MIDWIFE	4	41	\$ 1,417.84	\$ 34.58	.002	\$ 354.46	\$.07
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	7	\$ 165.50	\$ 23.64	.000	\$ 82.75	\$.01
@TOTAL HOSPITAL	2,378	10,410	\$ 1,205,822.14	\$ 115.83	.537	\$ 507.07	\$ 62.20
HOSP INPATIENT TOTAL	167	829	919,113.98	1108.70	.043	5503.68	47.41
HSC HOSPITALS	48	209	241,867.69	1157.26	.011	5038.91	12.48
NON-HSC HOSPITAL TOTAL	94	382	633,940.59	1659.53	.020	6744.05	32.70
ACCOMMODATIONS	93	382	192,181.45	503.09	.020	2066.47	9.91
ADMINISTRATIVE DAYS	4	33	6,698.50	202.98	.002	1674.63	.35
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	89	349	185,482.95	531.47	.018	2084.08	9.57
ANCILLARIES	94	0	441,759.14	.00	.000	4699.57	22.79
INPATIENT CROSSOVERS	31	238	43,305.70	181.96	.012	1396.96	2.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,280	9,581	286,708.16	29.92	.494	125.75	14.79
MEDICAL	1,049	1,699	74,976.73	44.13	.088	71.47	3.87
SURGERY	101	116	5,485.16	47.29	.006	54.31	.28
PATHOLOGY	822	3,462	37,903.05	10.95	.179	46.11	1.96
RADIOLOGY	619	861	64,007.54	74.34	.044	103.40	3.30
ROOM USE	1,262	1,796	70,610.77	39.32	.093	55.95	3.64
CROSSOVERS/ALL OTH OUTPTNT	589	1,647	33,724.91	20.48	.085	57.26	1.74
@COUNTY HOSPITAL TOTAL	18	138	\$ 13,362.31	\$ 96.83	.007	\$ 742.35	\$.69
CO HOSPITAL INPATIENT TOTAL	5	77	11,429.00	148.43	.004	2285.80	.59
HSC HOSPITALS	2	7	7,363.00	1051.86	.000	3681.50	.38
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	70	4,066.00	58.09	.004	1355.33	.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	61	1,933.31	31.69	.003	138.09	.10
MEDICAL	4	4	112.39	28.10	.000	28.10	.01
SURGERY	2	2	86.33	43.17	.000	43.17	.00
PATHOLOGY	3	16	254.52	15.91	.001	84.84	.01

RADIOLOGY	1	2	97.99	49.00	.000	97.99	.01
ROOM USE	6	8	249.19	31.15	.000	41.53	.01
CROSSOVERS/ALL OTH OUTPTNT	7	29	1,132.89	39.07	.001	161.84	.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 811
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
19,385 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	2,364	10,272	\$ 1,192,459.83	\$ 116.09	.530	\$ 504.42	\$ 61.51
COMM HOSP INPATIENT TOTAL	162	752	907,684.98	1207.03	.039	5602.99	46.82
HSC HOSPITALS	46	202	234,504.69	1160.91	.010	5097.93	12.10
NON-HSC HOSPITALS TOTAL	94	382	633,940.59	1659.53	.020	6744.05	32.70
ACCOMMODATIONS	93	382	192,181.45	503.09	.020	2066.47	9.91
ADMINISTRATIVE DAYS	4	33	6,698.50	202.98	.002	1674.63	.35
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	89	349	185,482.95	531.47	.018	2084.08	9.57
ANCILLARIES	94	0	441,759.14	.00	.000	4699.57	22.79
INPATIENT CROSSOVERS	28	168	39,239.70	233.57	.009	1401.42	2.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,270	9,520	284,774.85	29.91	.491	125.45	14.69
MEDICAL	1,046	1,695	74,864.34	44.17	.087	71.57	3.86
SURGERY	99	114	5,398.83	47.36	.006	54.53	.28
PATHOLOGY	819	3,446	37,648.53	10.93	.178	45.97	1.94
RADIOLOGY	618	859	63,909.55	74.40	.044	103.41	3.30
ROOM USE	1,257	1,788	70,361.58	39.35	.092	55.98	3.63
CROSSOVERS/ALL OTH OUTPTNT	584	1,618	32,592.02	20.14	.083	55.81	1.68
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,034	34,675	\$ 3,651,022.32	\$ 105.29	1.789	\$ 3530.97	\$ 188.34
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	8	304	164,450.64	540.96	.016	20556.33	8.48
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,026	34,371	3,486,571.68	101.44	1.773	3398.22	179.86
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	42	\$ 1,995.75	\$ 47.52	.002	\$ 997.88	\$.10
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	42	1,995.75	47.52	.002	997.88	.10
@REHABILITATION FACILITY	2	3	\$ 130.50	\$ 43.50	.000	\$ 65.25	\$.01
HOSPITAL BASED	2	3	130.50	43.50	.000	65.25	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	419	1,356	\$ 25,159.37	\$ 18.55	.070	\$ 60.05	\$ 1.30
PATHOLOGY	412	1,345	25,057.99	18.63	.069	60.82	1.29
XO AND OTHERS	7	11	101.38	9.22	.001	14.48	.01
@ORGANIZED OUTPATIENT CLINIC	2,147	3,214	\$ 491,976.88	\$ 153.07	.166	\$ 229.15	\$ 25.38
CLINIC	33	109	4,306.66	39.51	.006	130.50	.22
SURGICENTER	16	102	3,765.43	36.92	.005	235.34	.19
HEROIN DETOX CLINIC	3	21	269.43	12.83	.001	89.81	.01
RURAL HEALTH CLINIC	2,101	2,982	483,635.36	162.18	.154	230.19	24.95

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 812
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
19,385 ELIGIBLES							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,214	29,075	\$	142,119.87	\$ 4.89	1.500	\$ 117.07	\$ 7.33
DURABLE MED. EQUIP.	56	178		19,041.05	106.97	.009	340.02	.98
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	5		2,480.02	496.00	.000	496.00	.13
MEDICAL TRANSPORTATION	160	2,403		22,100.26	9.20	.124	138.13	1.14
AMBULANCES/AIR TRANS	119	1,747		17,356.84	9.94	.090	145.86	.90
OTHER TRANS	23	301		1,892.96	6.29	.016	82.30	.10
OTHER SERVICES	23	355		2,850.46	8.03	.018	123.93	.15
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	31	31		3,255.00	105.00	.002	105.00	.17
IHMC,MODEL-NF,NF,AIDS,MSSP	37	276		12,770.31	46.27	.014	345.14	.66
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	171	382		3,783.24	9.90	.020	22.12	.20
PHYSICAL THERAPIST	1	6		.56	.09	.000	.56	.00
PORTABLE X-RAY	4	7		62.90	8.99	.000	15.73	.00
PROSTHETIST/ORTHOTISTS	11	63		11,486.83	182.33	.003	1044.26	.59
PROSTHETICS	6	57		11,094.00	194.63	.003	1849.00	.57
ORTHOTICS	5	6		392.83	65.47	.000	78.57	.02
PSYCHOLOGIST	7	7		60.05	8.58	.000	8.58	.00
SPEECH AND AUDIOLOGY	7	11		1,177.25	107.02	.001	168.18	.06
HOSPICE SERVICES	4	109		11,890.39	109.09	.006	2972.60	.61
NONINST BIRTHING CENTERS	1	1		1,046.55	1046.55	.000	1046.55	.05
LOCAL EDUCATION AGENCIES	573	7,227		42,710.13	5.91	.373	74.54	2.20
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	189	18,368		10,228.30	.56	.948	54.12	.53
@CALIF. CHILDREN SERVICES*	71	334	\$	46,731.65	\$ 139.92	.017	\$ 658.19	\$ 2.41
@XOVER EXCLUDING STATE HOSP**	884	11,466	\$	175,946.03	\$ 15.35	.591	\$ 199.03	\$ 9.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 813
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

985 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	462	11,276	\$ 121,930.71	\$ 10.81	11.448	\$ 263.92	\$ 123.79
@PHYSICIANS SERVICES	127	280	\$ 16,414.05	\$ 58.62	.284	\$ 129.24	\$ 16.66
OUTPATIENT VISITS	81	99	3,962.99	40.03	.101	48.93	4.02
OFFICE VISITS	61	73	2,374.83	32.53	.074	38.93	2.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	10	628.23	62.82	.010	62.82	.64
PREVENTIVE CARE	1	1	65.78	65.78	.001	65.78	.07
OB VISITS/COMPRE PERI	8	11	833.78	75.80	.011	104.22	.85
OTHER OUTPATIENT	4	4	60.37	15.09	.004	15.09	.06
INPATIENT VISITS	6	11	1,033.17	93.92	.011	172.20	1.05
HOSPITAL VISITS	6	11	586.86	53.35	.011	97.81	.60
CRITICAL CARE	0	0	446.31	.00	.000	.00	.45
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	32	6,834.92	213.59	.032	759.44	6.94
PRINCIPAL SURGEON	6	6	6,030.69	1005.12	.006	1005.12	6.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	26	804.23	30.93	.026	268.08	.82

OUTPATIENT SURGERY	10	28	863.11	30.83	.028	86.31	.88
PRINCIPAL SURGEON	7	7	338.29	48.33	.007	48.33	.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	21	524.82	24.99	.021	174.94	.53
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	15	22	751.60	34.16	.022	50.11	.76
RADIOLOGY	30	53	1,424.96	26.89	.054	47.50	1.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3	80.45	26.82	.003	40.23	.08
OTHER SERVICES/ALL X-OVERS	12	32	1,462.85	45.71	.032	121.90	1.49
@PHARMACY	219	998	\$ 23,391.69	\$ 23.44	1.013	\$ 106.81	\$ 23.75
PRESCRIPTION DRUGS	214	416	22,595.23	54.32	.422	105.59	22.94
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	214	416	22,595.23	54.32	.422	105.59	22.94
MEDICAL SUPPLIES	5	582	796.46	1.37	.591	159.29	.81
@DENTIST	30	157	\$ 4,513.58	\$ 28.75	.159	\$ 150.45	\$ 4.58
VISITS - DIAGNOSTIC	24	112	1,617.50	14.44	.114	67.40	1.64
ORAL SURGERY	4	15	1,480.00	98.67	.015	370.00	1.50
DRUGS	3	4	90.00	22.50	.004	30.00	.09
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.10
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	3	213.00	71.00	.003	213.00	.22
RESTORATIVE DENTISTRY	7	17	826.00	48.59	.017	118.00	.84
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	112.08	112.08	.001	112.08	.11
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	4	75.00	18.75	.004	75.00	.08

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

PAGE 814 01/29/04

985 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	24	\$ 604.16	\$ 25.17	.024	\$ 67.13	\$.61
DIAGNOSTIC AND ANC. PROCED	8	8	379.60	47.45	.008	47.45	.39
EYE APPLIANCES	5	14	192.94	13.78	.014	38.59	.20
OTHER OPTOMETRIC SERVICES	1	2	31.62	15.81	.002	31.62	.03
@CHIROPRACTOR	3	5	\$ 83.60	\$ 16.72	.005	\$ 27.87	\$.08
VISITS	3	5	83.60	16.72	.005	27.87	.08
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	130	478	\$ 41,731.17	\$ 87.30	.485	\$ 321.01	\$ 42.37
HOSP INPATIENT TOTAL	8	25	28,390.26	1135.61	.025	3548.78	28.82
HSC HOSPITALS	3	5	4,145.50	829.10	.005	1381.83	4.21
NON-HSC HOSPITAL TOTAL	5	20	24,244.76	1212.24	.020	4848.95	24.61
ACCOMMODATIONS	5	20	8,301.70	415.09	.020	1660.34	8.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	5	20	8,301.70	415.09	.020	1660.34	8.43
ANCILLARIES	5	0	15,943.06	.00	.000	3188.61	16.19
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	126	453	13,340.91	29.45	.460	105.88	13.54
MEDICAL	67	96	3,613.52	37.64	.097	53.93	3.67
SURGERY	7	7	286.80	40.97	.007	40.97	.29
PATHOLOGY	45	170	1,784.64	10.50	.173	39.66	1.81
RADIOLOGY	29	47	3,345.39	71.18	.048	115.36	3.40
ROOM USE	59	78	3,154.41	40.44	.079	53.46	3.20
CROSSOVERS/ALL OTH OUTPTNT	29	55	1,156.15	21.02	.056	39.87	1.17
@COUNTY HOSPITAL TOTAL	3	18	\$ 487.13	\$ 27.06	.018	\$ 162.38	\$.49
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	18	487.13	27.06	.018	162.38	.49
MEDICAL	2	3	57.87	19.29	.003	28.94	.06
SURGERY	2	2	66.55	33.28	.002	33.28	.07
PATHOLOGY	1	4	48.69	12.17	.004	48.69	.05
RADIOLOGY	1	2	72.82	36.41	.002	72.82	.07
ROOM USE	2	5	181.80	36.36	.005	90.90	.18
CROSSOVERS/ALL OTH OUTPTNT	2	2	59.40	29.70	.002	29.70	.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 815
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

985 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	127	460	\$ 41,244.04	\$ 89.66	.467	\$ 324.76	\$ 41.87
COMM HOSP INPATIENT TOTAL	8	25	28,390.26	1135.61	.025	3548.78	28.82
HSC HOSPITALS	3	5	4,145.50	829.10	.005	1381.83	4.21
NON-HSC HOSPITALS TOTAL	5	20	24,244.76	1212.24	.020	4848.95	24.61
ACCOMMODATIONS	5	20	8,301.70	415.09	.020	1660.34	8.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	20	8,301.70	415.09	.020	1660.34	8.43
ANCILLARIES	5	0	15,943.06	.00	.000	3188.61	16.19
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	123	435	12,853.78	29.55	.442	104.50	13.05
MEDICAL	65	93	3,555.65	38.23	.094	54.70	3.61
SURGERY	5	5	220.25	44.05	.005	44.05	.22
PATHOLOGY	44	166	1,735.95	10.46	.169	39.45	1.76
RADIOLOGY	28	45	3,272.57	72.72	.046	116.88	3.32
ROOM USE	57	73	2,972.61	40.72	.074	52.15	3.02
CROSSOVERS/ALL OTH OUTPTNT	27	53	1,096.75	20.69	.054	40.62	1.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	64	\$ 1,156.66	\$ 18.07	.065	\$ 55.08	\$ 1.17
PATHOLOGY	21	64	1,156.66	18.07	.065	55.08	1.17
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	86	131	\$	19,928.69	\$	152.13	.133	\$	231.73	\$	20.23
CLINIC	5	10		115.13		11.51	.010		23.03		.12
SURGICENTER	2	12		462.42		38.54	.012		231.21		.47
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	79	109		19,351.14		177.53	.111		244.95		19.65

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 816
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

985 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	50	9,139	\$ 14,107.11	\$ 1.54	9.278	\$ 282.14	\$ 14.32
DURABLE MED. EQUIP.	2	3	229.60	76.53	.003	114.80	.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	33	492.61	14.93	.034	98.52	.50
AMBULANCES/AIR TRANS	5	33	492.61	14.93	.034	98.52	.50
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.002	105.00	.21
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	14	118.96	8.50	.014	16.99	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	96.50	96.50	.001	96.50	.10
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	1	1	96.50	96.50	.001	96.50	.10
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	23	970	7,259.87	7.48	.985	315.65	7.37
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	8,116	5,699.57	.70	8.240	356.22	5.79
@CALIF. CHILDREN SERVICES*	18	60	\$ 5,129.10	\$ 85.49	.061	\$ 284.95	\$ 5.21
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 817
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16	64	\$ 3,359.52	\$ 52.49	5.818	\$ 209.97	\$ 305.41
@PHYSICIANS SERVICES	8	16	\$ 989.08	\$ 61.82	1.455	\$ 123.64	\$ 89.92
OUTPATIENT VISITS	4	4	103.76	25.94	.364	25.94	9.43
OFFICE VISITS	4	4	103.76	25.94	.364	25.94	9.43
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	87.39	87.39	.091	87.39	7.94

HOSPITAL VISITS	1	1		87.39	87.39	.091	87.39	7.94
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		234.18	234.18	.091	234.18	21.29
PRINCIPAL SURGEON	1	1		234.18	234.18	.091	234.18	21.29
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	2		12.98	6.49	.182	12.98	1.18
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	8		550.77	68.85	.727	183.59	50.07
@PHARMACY	2	4	\$	44.85	\$ 11.21	.364	\$ 22.43	\$ 4.08
PRESCRIPTION DRUGS	2	4		44.85	11.21	.364	22.43	4.08
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	2	4		44.85	11.21	.364	22.43	4.08
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	3	10	\$	378.00	\$ 37.80	.909	\$ 126.00	\$ 34.36
VISITS - DIAGNOSTIC	3	7		93.00	13.29	.636	31.00	8.45
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	1		180.00	180.00	.091	.00	16.36
RESTORATIVE DENTISTRY	2	2		105.00	52.50	.182	52.50	9.55
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 818
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MIC - SOC							
				AID CODE 83				
				----- MONTHLY AVERAGE -----				
11 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	0	\$	.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	\$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	\$	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	\$	.00	\$.00	.000	\$.00	\$.00	

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8	26	\$	1,530.62	\$	58.87	2.364	\$	191.33	\$	139.15
HOSP INPATIENT TOTAL	1	1		846.00		846.00	.091		846.00		76.91
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	1		846.00		846.00	.091		846.00		76.91
ACCOMMODATIONS	1	1		217.37		217.37	.091		217.37		19.76
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		217.37		217.37	.091		217.37		19.76
ANCILLARIES	1	0		628.63		.00	.000		628.63		57.15
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7	25		684.62		27.38	2.273		97.80		62.24
MEDICAL	4	6		156.64		26.11	.545		39.16		14.24
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	10		105.22		10.52	.909		35.07		9.57
RADIOLOGY	3	3		221.34		73.78	.273		73.78		20.12
ROOM USE	5	5		199.97		39.99	.455		39.99		18.18
CROSSOVERS/ALL OTH OUTPTNT	1	1		1.45		1.45	.091		1.45		.13
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 819
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	26	\$ 1,530.62	\$ 58.87	2.364	\$ 191.33	\$ 139.15
COMM HOSP INPATIENT TOTAL	1	1	846.00	846.00	.091	846.00	76.91
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1	846.00	846.00	.091	846.00	76.91
ACCOMMODATIONS	1	1	217.37	217.37	.091	217.37	19.76
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	217.37	217.37	.091	217.37	19.76
ANCILLARIES	1	0	628.63	.00	.000	628.63	57.15
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	25	684.62	27.38	2.273	97.80	62.24
MEDICAL	4	6	156.64	26.11	.545	39.16	14.24
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	105.22	10.52	.909	35.07	9.57

RADIOLOGY	3	3		221.34		73.78	.273	73.78	20.12
ROOM USE	5	5		199.97		39.99	.455	39.99	18.18
CROSSOVERS/ALL OTH OUTPTNT	1	1		1.45		1.45	.091	1.45	.13
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	281.02	\$	140.51	.182	\$ 140.51	\$ 25.55
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2		281.02		140.51	.182	140.51	25.55

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIC - SOC

AID CODE 83

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11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	6	\$ 135.95	\$ 22.66	.545	\$ 135.95	\$ 12.36
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	6	135.95	22.66	.545	135.95	12.36
AMBULANCES/AIR TRANS	1	6	135.95	22.66	.545	135.95	12.36
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

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01/29/04

996 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	478	11,340	\$	125,290.23	\$	11.05	11.386	\$	262.11	\$	125.79
@PHYSICIANS SERVICES	135	296	\$	17,403.13	\$	58.79	.297	\$	128.91	\$	17.47
OUTPATIENT VISITS	85	103		4,066.75		39.48	.103		47.84		4.08
OFFICE VISITS	65	77		2,478.59		32.19	.077		38.13		2.49
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	10	10		628.23		62.82	.010		62.82		.63
PREVENTIVE CARE	1	1		65.78		65.78	.001		65.78		.07
OB VISITS/COMPRE PERI	8	11		833.78		75.80	.011		104.22		.84
OTHER OUTPATIENT	4	4		60.37		15.09	.004		15.09		.06
INPATIENT VISITS	7	12		1,120.56		93.38	.012		160.08		1.13
HOSPITAL VISITS	7	12		674.25		56.19	.012		96.32		.68
CRITICAL CARE	0	0		446.31		.00	.000		.00		.45
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	9	32		6,834.92		213.59	.032		759.44		6.86
PRINCIPAL SURGEON	6	6		6,030.69		1005.12	.006		1005.12		6.05
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	26		804.23		30.93	.026		268.08		.81
OUTPATIENT SURGERY	11	29		1,097.29		37.84	.029		99.75		1.10
PRINCIPAL SURGEON	8	8		572.47		71.56	.008		71.56		.57
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	21		524.82		24.99	.021		174.94		.53
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	15	22		751.60		34.16	.022		50.11		.75
RADIOLOGY	31	55		1,437.94		26.14	.055		46.39		1.44
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	3		80.45		26.82	.003		40.23		.08
OTHER SERVICES/ALL X-OVERS	15	40		2,013.62		50.34	.040		134.24		2.02
@PHARMACY	221	1,002	\$	23,436.54	\$	23.39	1.006	\$	106.05	\$	23.53
PRESCRIPTION DRUGS	216	420		22,640.08		53.90	.422		104.82		22.73
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	216	420		22,640.08		53.90	.422		104.82		22.73
MEDICAL SUPPLIES	5	582		796.46		1.37	.584		159.29		.80
@DENTIST	33	167	\$	4,891.58	\$	29.29	.168	\$	148.23	\$	4.91
VISITS - DIAGNOSTIC	27	119		1,710.50		14.37	.119		63.35		1.72
ORAL SURGERY	4	15		1,480.00		98.67	.015		370.00		1.49
DRUGS	3	4		90.00		22.50	.004		30.00		.09
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.10
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	4		393.00		98.25	.004		393.00		.39
RESTORATIVE DENTISTRY	9	19		931.00		49.00	.019		103.44		.93
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		112.08		112.08	.001		112.08		.11
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	4		75.00		18.75	.004		75.00		.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 822
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL										
996 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE					
		OR DAYS OF CARE			PER UNIT/DAY	UNITS/DAYS	COST PER			COST PER	
@OPTOMETRIST	9	24	\$	604.16	\$ 25.17	.024	\$ 67.13	\$		\$.61	
DIAGNOSTIC AND ANC. PROCED	8	8		379.60	47.45	.008	47.45			.38	
EYE APPLIANCES	5	14		192.94	13.78	.014	38.59			.19	
OTHER OPTOMETRIC SERVICES	1	2		31.62	15.81	.002	31.62			.03	

@CHIROPRACTOR	3	5	\$	83.60	\$	16.72	.005	\$	27.87	\$	.08
VISITS	3	5		83.60		16.72	.005		27.87		.08
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	138	504	\$	43,261.79	\$	85.84	.506	\$	313.49	\$	43.44
HOSP INPATIENT TOTAL	9	26		29,236.26		1124.47	.026		3248.47		29.35
HSC HOSPITALS	3	5		4,145.50		829.10	.005		1381.83		4.16
NON-HSC HOSPITAL TOTAL	6	21		25,090.76		1194.80	.021		4181.79		25.19
ACCOMMODATIONS	6	21		8,519.07		405.67	.021		1419.85		8.55
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	21		8,519.07		405.67	.021		1419.85		8.55
ANCILLARIES	6	0		16,571.69		.00	.000		2761.95		16.64
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	133	478		14,025.53		29.34	.480		105.46		14.08
MEDICAL	71	102		3,770.16		36.96	.102		53.10		3.79
SURGERY	7	7		286.80		40.97	.007		40.97		.29
PATHOLOGY	48	180		1,889.86		10.50	.181		39.37		1.90
RADIOLOGY	32	50		3,566.73		71.33	.050		111.46		3.58
ROOM USE	64	83		3,354.38		40.41	.083		52.41		3.37
CROSSOVERS/ALL OTH OUTPTNT	30	56		1,157.60		20.67	.056		38.59		1.16
@COUNTY HOSPITAL TOTAL	3	18	\$	487.13	\$	27.06	.018	\$	162.38	\$	.49
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	18		487.13		27.06	.018		162.38		.49
MEDICAL	2	3		57.87		19.29	.003		28.94		.06
SURGERY	2	2		66.55		33.28	.002		33.28		.07
PATHOLOGY	1	4		48.69		12.17	.004		48.69		.05
RADIOLOGY	1	2		72.82		36.41	.002		72.82		.07
ROOM USE	2	5		181.80		36.36	.005		90.90		.18
CROSSOVERS/ALL OTH OUTPTNT	2	2		59.40		29.70	.002		29.70		.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 823
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

	996 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	135	486	\$	42,774.66	\$ 88.01	.488	\$ 316.85	\$ 42.95
COMM HOSP INPATIENT TOTAL	9	26		29,236.26	1124.47	.026	3248.47	29.35
HSC HOSPITALS	3	5		4,145.50	829.10	.005	1381.83	4.16
NON-HSC HOSPITALS TOTAL	6	21		25,090.76	1194.80	.021	4181.79	25.19
ACCOMMODATIONS	6	21		8,519.07	405.67	.021	1419.85	8.55

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	21	8,519.07	405.67	.021	1419.85	8.55
ANCILLARIES	6	0	16,571.69	.00	.000	2761.95	16.64
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	130	460	13,538.40	29.43	.462	104.14	13.59
MEDICAL	69	99	3,712.29	37.50	.099	53.80	3.73
SURGERY	5	5	220.25	44.05	.005	44.05	.22
PATHOLOGY	47	176	1,841.17	10.46	.177	39.17	1.85
RADIOLOGY	31	48	3,493.91	72.79	.048	112.71	3.51
ROOM USE	62	78	3,172.58	40.67	.078	51.17	3.19
CROSSOVERS/ALL OTH OUTPTNT	28	54	1,098.20	20.34	.054	39.22	1.10
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	64	1,156.66	18.07	.064	55.08	1.16
PATHOLOGY	21	64	1,156.66	18.07	.064	55.08	1.16
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	88	133	20,209.71	151.95	.134	229.66	20.29
CLINIC	5	10	115.13	11.51	.010	23.03	.12
SURGICENTER	2	12	462.42	38.54	.012	231.21	.46
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	81	111	19,632.16	176.87	.111	242.37	19.71

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

996 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	51	9,145	\$ 14,243.06	\$ 1.56	9.182	\$ 279.28	\$ 14.30
DURABLE MED. EQUIP.	2	3	229.60	76.53	.003	114.80	.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	39	628.56	16.12	.039	104.76	.63
AMBULANCES/AIR TRANS	6	39	628.56	16.12	.039	104.76	.63
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.002	105.00	.21
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00

OPTICIAN	7	14		118.96	8.50	.014	16.99	.12
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1		96.50	96.50	.001	96.50	.10
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	1	1		96.50	96.50	.001	96.50	.10
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	23	970		7,259.87	7.48	.974	315.65	7.29
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	8,116		5,699.57	.70	8.149	356.22	5.72
@CALIF. CHILDREN SERVICES*	18	60	\$	5,129.10	\$ 85.49	.060	\$ 284.95	\$ 5.15

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 825
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00

MOP024
AMADOR COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 828
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 829
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86	

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	52	\$ 1,655.94	\$ 31.85	4.727	\$ 150.54	\$ 150.54
@PHYSICIANS SERVICES	5	14	\$ 738.65	\$ 52.76	1.273	\$ 147.73	\$ 67.15
OUTPATIENT VISITS	2	10	579.77	57.98	.909	289.89	52.71
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	10	579.77	57.98	.909	289.89	52.71
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	22.80	22.80	.091	22.80	2.07
PRINCIPAL SURGEON	1	1	22.80	22.80	.091	22.80	2.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1	1		3.53		3.53	.091	3.53	.32
RADIOLOGY	1	1		62.95		62.95	.091	62.95	5.72
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		69.60		69.60	.091	69.60	6.33
@PHARMACY	1	1	\$	33.09	\$	33.09	.091	\$ 33.09	\$ 3.01
PRESCRIPTION DRUGS	1	1		33.09		33.09	.091	33.09	3.01
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	1	1		33.09		33.09	.091	33.09	3.01
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 830
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						
				AID CODE 86	----- MONTHLY AVERAGE -----		
11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	26 \$	638.39	\$ 24.55	2.364	\$ 127.68	\$ 58.04
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	26	638.39	24.55	2.364	127.68	58.04
MEDICAL	1	2	155.27	77.64	.182	155.27	14.12
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	11	108.60	9.87	1.000	54.30	9.87
RADIOLOGY	1	1	80.59	80.59	.091	80.59	7.33
ROOM USE	3	5	226.98	45.40	.455	75.66	20.63
CROSSOVERS/ALL OTH OUTPTNT	2	7	66.95	9.56	.636	33.48	6.09
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 831
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	26	\$ 638.39	\$ 24.55	2.364	\$ 127.68	\$ 58.04
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	26	638.39	24.55	2.364	127.68	58.04
MEDICAL	1	2	155.27	77.64	.182	155.27	14.12
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	11	108.60	9.87	1.000	54.30	9.87
RADIOLOGY	1	1	80.59	80.59	.091	80.59	7.33
ROOM USE	3	5	226.98	45.40	.455	75.66	20.63
CROSSOVERS/ALL OTH OUTPTNT	2	7	66.95	9.56	.636	33.48	6.09
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	10	\$ 140.81	\$ 14.08	.909	\$ 46.94	\$ 12.80
PATHOLOGY	3	10	140.81	14.08	.909	46.94	12.80
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.091	\$ 105.00	\$ 9.55
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.091	105.00	9.55
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	52	\$ 1,655.94	\$ 31.85	4.727	\$ 150.54	\$ 150.54
@PHYSICIANS SERVICES	5	14	\$ 738.65	\$ 52.76	1.273	\$ 147.73	\$ 67.15
OUTPATIENT VISITS	2	10	579.77	57.98	.909	289.89	52.71
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	10	579.77	57.98	.909	289.89	52.71
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		22.80	22.80	.091	22.80	2.07
PRINCIPAL SURGEON	1	1		22.80	22.80	.091	22.80	2.07
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		3.53	3.53	.091	3.53	.32
RADIOLOGY	1	1		62.95	62.95	.091	62.95	5.72
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		69.60	69.60	.091	69.60	6.33
@PHARMACY	1	1	\$	33.09	\$ 33.09	.091	\$ 33.09	\$ 3.01
PRESCRIPTION DRUGS	1	1		33.09	33.09	.091	33.09	3.01
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1	1		33.09	33.09	.091	33.09	3.01
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 834
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	26	\$ 638.39	\$ 24.55	2.364	\$ 127.68	\$ 58.04

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	26	638.39	24.55	2.364	127.68	58.04
MEDICAL	1	2	155.27	77.64	.182	155.27	14.12
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	11	108.60	9.87	1.000	54.30	9.87
RADIOLOGY	1	1	80.59	80.59	.091	80.59	7.33
ROOM USE	3	5	226.98	45.40	.455	75.66	20.63

CROSSEOVERS/ALL OTH OUTPTNT	2	7		66.95		9.56	.636	33.48	6.09
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 835
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	5	26	\$ 638.39	\$ 24.55	2.364	\$ 127.68	\$ 58.04	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5	26	638.39	24.55	2.364	127.68	58.04	
MEDICAL	1	2	155.27	77.64	.182	155.27	14.12	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	2	11	108.60	9.87	1.000	54.30	9.87	
RADIOLOGY	1	1	80.59	80.59	.091	80.59	7.33	
ROOM USE	3	5	226.98	45.40	.455	75.66	20.63	
CROSSEOVERS/ALL OTH OUTPTNT	2	7	66.95	9.56	.636	33.48	6.09	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	10	\$	140.81	\$	14.08	.909	\$	46.94	\$	12.80
PATHOLOGY	3	10		140.81		14.08	.909		46.94		12.80
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

PAGE 836
01/29/04

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.091	\$ 105.00	\$ 9.55
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.091	105.00	9.55
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - SOC - LTC	PAGE 837 01/29/04
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12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17	596	\$ 50,333.87	\$ 84.45	49.667	\$ 2960.82	\$ 4194.49
@PHYSICIANS SERVICES	11	18	\$ 586.58	\$ 32.59	1.500	\$ 53.33	\$ 48.88
OUTPATIENT VISITS	5	5	204.08	40.82	.417	40.82	17.01
OFFICE VISITS	4	4	96.00	24.00	.333	24.00	8.00

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		108.08	108.08	.083	108.08	9.01
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	9	13		382.50	29.42	1.083	42.50	31.88
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9	13		382.50	29.42	1.083	42.50	31.88
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	14	75	\$	10,499.56	\$ 139.99	6.250	\$ 749.97	\$ 874.96
PRESCRIPTION DRUGS	14	75		10,499.56	139.99	6.250	749.97	874.96
SNF/ICF	14	75		10,499.96	140.00	6.250	750.00	875.00
OUTPATIENTS	0	0		.40CR	.00	.000	.00	.03CR
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	2	2	\$	50.00	\$ 25.00	.167	\$ 25.00	\$ 4.17
VISITS - DIAGNOSTIC	2	2		50.00	25.00	.167	25.00	4.17
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

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12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	2	19	\$	326.05	\$	17.16	1.583	\$	163.03
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	2	19		326.05		17.16	1.583		163.03
MEDICAL	1	1		61.47		61.47	.083		61.47
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	2	15		175.99		11.73	1.250		88.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	2	2		79.59		39.80	.167		39.80
CROSSOVERS/ALL OTH OUTPTNT	1	1		9.00		9.00	.083		9.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 839
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	19	\$ 326.05	\$ 17.16	1.583	\$ 163.03	\$ 27.17
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	19		326.05	17.16	1.583	163.03	27.17
MEDICAL	1	1		61.47	61.47	.083	61.47	5.12
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	15		175.99	11.73	1.250	88.00	14.67
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	2		79.59	39.80	.167	39.80	6.63
CROSSOVERS/ALL OTH OUTPTNT	1	1		9.00	9.00	.083	9.00	.75
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	15	462	\$	38,400.18	\$	83.12	38.500	\$ 2560.01
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	15	462		38,400.18	83.12	38.500	2560.01	3200.02	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 840
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC								AID CODE 53

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	20	\$ 471.50	\$ 23.58	1.667	\$ 117.88	\$ 39.29
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	20	471.50	23.58	1.667	117.88	39.29
AMBULANCES/AIR TRANS	4	20	471.50	23.58	1.667	117.88	39.29
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS	PER ELIG		
@TOTAL, ALL PROVIDERS	2	9	\$ 244.72	\$ 27.19	9.000		\$ 122.36	\$ 244.72
@PHYSICIANS SERVICES	1	1	\$ 110.00	\$ 110.00	1.000		\$ 110.00	\$ 110.00
OUTPATIENT VISITS	1	1	110.00	110.00	1.000		110.00	110.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	1	1	110.00	110.00	1.000		110.00	110.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	1	1	\$ 4.42	\$ 4.42	1.000		\$ 4.42	\$ 4.42
PRESCRIPTION DRUGS	1	1	4.42	4.42	1.000		4.42	4.42
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	1	1	4.42	4.42	1.000		4.42	4.42
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	7	\$	130.30	\$ 18.61	7.000	\$ 65.15	\$ 130.30
PATHOLOGY	2	7		130.30	18.61	7.000	65.15	130.30
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
AMADOR COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

PAGE 844
 01/29/04

	01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	0		0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 845
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19	605	\$ 50,578.59	\$ 83.60	46.538	\$ 2662.03	\$ 3890.66
@PHYSICIANS SERVICES	12	19	\$ 696.58	\$ 36.66	1.462	\$ 58.05	\$ 53.58
OUTPATIENT VISITS	6	6	314.08	52.35	.462	52.35	24.16
OFFICE VISITS	4	4	96.00	24.00	.308	24.00	7.38
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.077	108.08	8.31
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	110.00	110.00	.077	110.00	8.46
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	9	13	382.50	29.42	1.000	42.50	29.42
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9	13	382.50	29.42	1.000	42.50	29.42
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	15	76	\$ 10,503.98	\$ 138.21	5.846	\$ 700.27	\$ 808.00
PRESCRIPTION DRUGS	15	76	10,503.98	138.21	5.846	700.27	808.00
SNF/ICF	14	75	10,499.96	140.00	5.769	750.00	807.69
OUTPATIENTS	1	1	4.02	4.02	.077	4.02	.31
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	2	\$ 50.00	\$ 25.00	.154	\$ 25.00	\$ 3.85
VISITS - DIAGNOSTIC	2	2	50.00	25.00	.154	25.00	3.85
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 846
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	19	\$ 326.05	\$ 17.16	1.462	\$ 163.03	\$ 25.08
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	19	326.05	17.16	1.462	163.03	25.08
MEDICAL	1	1	61.47	61.47	.077	61.47	4.73
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	15	175.99	11.73	1.154	88.00	13.54
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	79.59	39.80	.154	39.80	6.12
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.00	9.00	.077	9.00	.69
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 847
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	19	\$ 326.05	\$ 17.16	1.462	\$ 163.03	\$ 25.08
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	19	326.05	17.16	1.462	163.03	25.08
MEDICAL	1	1	61.47	61.47	.077	61.47	4.73
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	15	175.99	11.73	1.154	88.00	13.54
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	79.59	39.80	.154	39.80	6.12
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.00	9.00	.077	9.00	.69
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	15	462	\$ 38,400.18	\$ 83.12	35.538	\$ 2560.01	\$ 2953.86
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	15	462	38,400.18	83.12	35.538	2560.01	2953.86
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	7	\$ 130.30	\$ 18.61	.538	\$ 65.15	\$ 10.02
PATHOLOGY	2	7	130.30	18.61	.538	65.15	10.02
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 848
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	20	\$ 471.50	\$ 23.58	1.538	\$ 117.88	\$ 36.27
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	20	471.50	23.58	1.538	117.88	36.27
AMBULANCES/AIR TRANS	4	20	471.50	23.58	1.538	117.88	36.27
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 849
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 850
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR FOR FUTURE USE

PAGE 851

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 852
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 853
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL	

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	30	657	\$ 52,234.53	\$ 79.50	27.375	\$ 1741.15	\$ 2176.44
@PHYSICIANS SERVICES	17	33	\$ 1,435.23	\$ 43.49	1.375	\$ 84.43	\$ 59.80
OUTPATIENT VISITS	8	16	893.85	55.87	.667	111.73	37.24
OFFICE VISITS	4	4	96.00	24.00	.167	24.00	4.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.042	108.08	4.50
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	11	689.77	62.71	.458	229.92	28.74

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	9	13		382.50	29.42	.542	42.50	15.94
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9	13		382.50	29.42	.542	42.50	15.94
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		22.80	22.80	.042	22.80	.95
PRINCIPAL SURGEON	1	1		22.80	22.80	.042	22.80	.95
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		3.53	3.53	.042	3.53	.15
RADIOLOGY	1	1		62.95	62.95	.042	62.95	2.62
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		69.60	69.60	.042	69.60	2.90
@PHARMACY	16	77	\$	10,537.07	\$ 136.85	3.208	\$ 658.57	\$ 439.04
PRESCRIPTION DRUGS	16	77		10,537.07	136.85	3.208	658.57	439.04
SNF/ICF	14	75		10,499.96	140.00	3.125	750.00	437.50
OUTPATIENTS	2	2		37.11	18.56	.083	18.56	1.55
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	2	2	\$	50.00	\$ 25.00	.083	\$ 25.00	\$ 2.08
VISITS - DIAGNOSTIC	2	2		50.00	25.00	.083	25.00	2.08
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

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24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	7	45	\$	964.44	\$	21.43	1.875	\$	137.78	\$	40.19
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	7	45	964.44	21.43	1.875	137.78	40.19
MEDICAL	2	3	216.74	72.25	.125	108.37	9.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	26	284.59	10.95	1.083	71.15	11.86
RADIOLOGY	1	1	80.59	80.59	.042	80.59	3.36
ROOM USE	5	7	306.57	43.80	.292	61.31	12.77
CROSSOVERS/ALL OTH OUTPTNT	3	8	75.95	9.49	.333	25.32	3.16
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 855
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	45	\$ 964.44	\$ 21.43	1.875	\$ 137.78	\$ 40.19
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	45	964.44	21.43	1.875	137.78	40.19
MEDICAL	2	3	216.74	72.25	.125	108.37	9.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	26	284.59	10.95	1.083	71.15	11.86
RADIOLOGY	1	1	80.59	80.59	.042	80.59	3.36
ROOM USE	5	7	306.57	43.80	.292	61.31	12.77
CROSSOVERS/ALL OTH OUTPTNT	3	8	75.95	9.49	.333	25.32	3.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	15	462	\$ 38,400.18	\$ 83.12	19.250	\$ 2560.01	\$ 1600.01
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	15	462	38,400.18	83.12	19.250	2560.01	1600.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	17	\$ 271.11	\$ 15.95	.708	\$ 54.22	\$ 11.30
PATHOLOGY	5	17	271.11	15.95	.708	54.22	11.30
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

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24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	21	\$ 576.50	\$ 27.45	.875	\$ 115.30	\$ 24.02
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	20	471.50	23.58	.833	117.88	19.65
AMBULANCES/AIR TRANS	4	20	471.50	23.58	.833	117.88	19.65
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.042	105.00	4.38
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR ALL AGED

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----- MONTHLY AVERAGE -----

4,121 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,545	71,263	\$ 4,614,050.62	\$ 64.75	17.293	\$ 1301.57	\$ 1119.64
@PHYSICIANS SERVICES	565	2,623	\$ 27,475.91	\$ 10.47	.636	\$ 48.63	\$ 6.67
OUTPATIENT VISITS	6	9	286.90	31.88	.002	47.82	.07
OFFICE VISITS	6	9	286.90	31.88	.002	47.82	.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	.00	.00	.000	.00	.00
HOSPITAL VISITS	1	1	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.01
EXAMINATIONS	1	1	46.44	46.44	.000	46.44	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	137	.00	.00	.033	.00	.00
PRINCIPAL SURGEON	2	2	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	135	.00	.00	.033	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	5	14.64	2.93	.001	14.64	.00
RADIOLOGY	8	12	285.96	23.83	.003	35.75	.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	552	2,458	26,841.97	10.92	.596	48.63	6.51
@PHARMACY	2,996	19,286	\$ 847,652.84	\$ 43.95	4.680	\$ 282.93	\$ 205.69
PRESCRIPTION DRUGS	2,977	13,980	836,816.63	59.86	3.392	281.09	203.06
SNF/ICF	967	6,239	331,997.89	53.21	1.514	343.33	80.56
OUTPATIENTS	2,025	7,741	504,818.74	65.21	1.878	249.29	122.50
MEDICAL SUPPLIES	156	5,306	10,836.21	2.04	1.288	69.46	2.63
@DENTIST	118	377	\$ 16,292.00	\$ 43.21	.091	\$ 138.07	\$ 3.95
VISITS - DIAGNOSTIC	84	257	3,383.00	13.16	.062	40.27	.82
ORAL SURGERY	10	24	1,660.00	69.17	.006	166.00	.40
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	118.00	59.00	.000	59.00	.03
ENDODONTICS	2	2	590.00	295.00	.000	295.00	.14
RESTORATIVE DENTISTRY	20	37	2,591.00	70.03	.009	129.55	.63
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	28	45	7,920.00	176.00	.011	282.86	1.92
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	9	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 858
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AMADOR COUNTY	SUMMARY OF SERVICES FOR ALL AGED						

4,121 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	111	196	\$ 4,481.53	\$ 22.86	.048	\$ 40.37	\$ 1.09
DIAGNOSTIC AND ANC. PROCED	40	41	744.11	18.15	.010	18.60	.18

EYE APPLIANCES	56	143		3,071.70	21.48	.035	54.85	.75
OTHER OPTOMETRIC SERVICES	19	12		665.72	55.48	.003	35.04	.16
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.000	\$ 16.72	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		16.72	16.72	.000	16.72	.00
@PODIATRIST	225	254	\$	2,412.75	\$ 9.50	.062	\$ 10.72	\$.59
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	225	254		2,412.75	9.50	.062	10.72	.59
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	114	653	\$	103,521.72	\$ 158.53	.158	\$ 908.09	\$ 25.12
HOSP INPATIENT TOTAL	49	339		94,965.45	280.13	.082	1938.07	23.04
HSC HOSPITALS	4	55		38,869.03	706.71	.013	9717.26	9.43
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	45	284		56,096.42	197.52	.069	1246.59	13.61
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	68	314		8,556.27	27.25	.076	125.83	2.08
MEDICAL	2	2		102.23	51.12	.000	51.12	.02
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	19		292.59	15.40	.005	97.53	.07
RADIOLOGY	6	9		686.31	76.26	.002	114.39	.17
ROOM USE	5	7		224.58	32.08	.002	44.92	.05
CROSSOVERS/ALL OTH OUTPTNT	59	277		7,250.56	26.18	.067	122.89	1.76
@COUNTY HOSPITAL TOTAL	2	82	\$	2,695.93	\$ 32.88	.020	\$ 1347.97	\$.65
CO HOSPITAL INPATIENT TOTAL	1	60		2,576.00	42.93	.015	2576.00	.63
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	60		2,576.00	42.93	.015	2576.00	.63
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	22		119.93	5.45	.005	59.97	.03
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	22		119.93	5.45	.005	59.97	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
AMADOR COUNTY	SUMMARY OF SERVICES FOR ALL AGED							

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	4,121 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	112		571	\$ 100,825.79	\$ 176.58	.139	\$ 900.23	\$ 24.47
COMM HOSP INPATIENT TOTAL	48		279	92,389.45	331.14	.068	1924.78	22.42
HSC HOSPITALS	4		55	38,869.03	706.71	.013	9717.26	9.43

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	44	224	53,520.42	238.93	.054	1216.37	12.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	66	292	8,436.34	28.89	.071	127.82	2.05
MEDICAL	2	2	102.23	51.12	.000	51.12	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	19	292.59	15.40	.005	97.53	.07
RADIOLOGY	6	9	686.31	76.26	.002	114.39	.17
ROOM USE	5	7	224.58	32.08	.002	44.92	.05
CROSSOVERS/ALL OTH OUTPTNT	57	255	7,130.63	27.96	.062	125.10	1.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,006	33,328	\$ 3,447,325.46	\$ 103.44	8.087	\$ 3426.76	\$ 836.53
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	113	57,874.33	512.16	.027	19291.44	14.04
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,003	33,215	3,389,451.13	102.05	8.060	3379.31	822.48
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	11	41	\$ 6,295.89	\$ 153.56	.010	\$ 572.35	\$ 1.53
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	11	41	6,295.89	153.56	.010	572.35	1.53
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	40	\$ 155.48	\$ 3.89	.010	\$ 15.55	\$.04
PATHOLOGY	1	24	56.08	2.34	.006	56.08	.01
XO AND OTHERS	9	16	99.40	6.21	.004	11.04	.02
@ORGANIZED OUTPATIENT CLINIC	338	552	\$ 44,100.22	\$ 79.89	.134	\$ 130.47	\$ 10.70
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	3	3	606.24	202.08	.001	202.08	.15
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	336	549	43,493.98	79.22	.133	129.45	10.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 860
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR ALL AGED						

4,121 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	583	13,912	\$ 114,320.10	\$ 8.22	3.376	\$ 196.09	\$ 27.74
DURABLE MED. EQUIP.	20	63	8,174.41	129.75	.015	408.72	1.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4	1,611.27	402.82	.001	402.82	.39
MEDICAL TRANSPORTATION	61	4,904	10,434.43	2.13	1.190	171.06	2.53
AMBULANCES/AIR TRANS	2	9	408.89	45.43	.002	204.45	.10
OTHER TRANS	28	4,398	8,488.77	1.93	1.067	303.17	2.06
OTHER SERVICES	33	497	1,536.77	3.09	.121	46.57	.37
ACUPUNCTURE	9	36	616.35	17.12	.009	68.48	.15
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	206	1,271	63,003.15	49.57	.308	305.84	15.29
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	61	148	1,684.96	11.38	.036	27.62	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	7	3.94	.56	.002	.99	.00
PROSTHETIST/ORTHOTISTS	5	17	537.46	31.62	.004	107.49	.13
PROSTHETICS	5	17	537.46	31.62	.004	107.49	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	4	22.56	5.64	.001	5.64	.01
SPEECH AND AUDIOLOGY	7	7	1,496.64	213.81	.002	213.81	.36
HOSPICE SERVICES	3	96	10,453.11	108.89	.023	3484.37	2.54
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	279	7,355		16,281.82		2.21	1.785	58.36	3.95
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1,103	8,051	\$	209,346.46	\$	26.00	1.954	189.80	50.80

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR ALL BLIND

82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	77	18,505	\$ 51,394.57	\$ 2.78	225.671 \$ 667.46 \$ 626.76
@PHYSICIANS SERVICES	25	45	\$ 1,394.10	\$ 30.98	.549 \$ 55.76 \$ 17.00
OUTPATIENT VISITS	10	13	375.72	28.90	.159 37.57 4.58
OFFICE VISITS	10	13	375.72	28.90	.159 37.57 4.58
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	0	0	.00	.00	.000 .00 .00
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00 .00
OTHER OUTPATIENT	0	0	.00	.00	.000 .00 .00
INPATIENT VISITS	2	9	598.58	66.51	.110 299.29 7.30
HOSPITAL VISITS	2	9	598.58	66.51	.110 299.29 7.30
CRITICAL CARE	0	0	.00	.00	.000 .00 .00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00 .00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.012 46.44 .57
EXAMINATIONS	1	1	46.44	46.44	.012 46.44 .57
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	1	1	62.42	62.42	.012 62.42 .76
PRINCIPAL SURGEON	1	1	62.42	62.42	.012 62.42 .76
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	0	0	.00	.00	.000 .00 .00
OUTPATIENT SURGERY	2	2	97.04	48.52	.024 48.52 1.18
PRINCIPAL SURGEON	2	2	97.04	48.52	.024 48.52 1.18
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	0	0	.00	.00	.000 .00 .00
DIALYSIS	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	2	2	74.64	37.32	.024 37.32 .91
PSYCHIATRY	0	0	.00	.00	.000 .00 .00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000 .00 .00
OTHER SERVICES/ALL X-OVERS	12	17	139.26	8.19	.207 11.61 1.70
@PHARMACY	73	4,863	\$ 16,740.84	\$ 3.44	59.305 \$ 229.33 \$ 204.16
PRESCRIPTION DRUGS	68	240	14,018.76	58.41	2.927 206.16 170.96
SNF/ICF	0	0	.00	.00	.000 .00 .00
OUTPATIENTS	68	240	14,018.76	58.41	2.927 206.16 170.96
MEDICAL SUPPLIES	12	4,623	2,722.08	.59	56.378 226.84 33.20
@DENTIST	1	13	\$ 539.10	\$ 41.47	.159 \$ 539.10 \$ 6.57
VISITS - DIAGNOSTIC	1	10	184.00	18.40	.122 184.00 2.24
ORAL SURGERY	1	1	.00	.00	.012 .00 .00
DRUGS	0	0	.00	.00	.000 .00 .00
ANESTHESIA	0	0	.00	.00	.000 .00 .00
PERIODONTICS	0	0	.00	.00	.000 .00 .00
ENDODONTICS	1	1	215.00	215.00	.012 215.00 2.62
RESTORATIVE DENTISTRY	0	0	.00	.00	.000 .00 .00
PROSTHETICS	0	0	.00	.00	.000 .00 .00
DENTURES, STAYPLATES	0	0	.00	.00	.000 .00 .00
SPACE MAINTAINERS	0	0	.00	.00	.000 .00 .00
MAXILLOFACIAL SERVICES	1	1	140.10	140.10	.012 140.10 1.71
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000 .00 .00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR ALL BLIND

82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 238.15	\$ 59.54	.049	\$ 119.08	\$ 2.90
DIAGNOSTIC AND ANC. PROCED	1	1	75.11	75.11	.012	75.11	.92
EYE APPLIANCES	2	3	163.04	54.35	.037	81.52	1.99
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 55.00	\$ 55.00	.012	\$ 55.00	\$.67
MEDICINE/INJECTIONS	1	1	55.00	55.00	.012	55.00	.67
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	18	61	\$ 7,258.34	\$ 118.99	.744	\$ 403.24	\$ 88.52
HOSP INPATIENT TOTAL	2	4	5,576.00	1394.00	.049	2788.00	68.00
HSC HOSPITALS	1	4	4,736.00	1184.00	.049	4736.00	57.76
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	10.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17	57	1,682.34	29.51	.695	98.96	20.52
MEDICAL	11	16	696.63	43.54	.195	63.33	8.50
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	25	364.30	14.57	.305	40.48	4.44
RADIOLOGY	1	1	189.90	189.90	.012	189.90	2.32
ROOM USE	7	8	291.56	36.45	.098	41.65	3.56
CROSSOVERS/ALL OTH OUTPTNT	4	7	139.95	19.99	.085	34.99	1.71
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	18	61	\$ 7,258.34	\$ 118.99	.744		\$ 403.24	\$ 88.52
COMM HOSP INPATIENT TOTAL	2	4	5,576.00	1394.00	.049		2788.00	68.00
HSC HOSPITALS	1	4	4,736.00	1184.00	.049		4736.00	57.76
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000		840.00	10.24
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	17	57	1,682.34	29.51	.695		98.96	20.52
MEDICAL	11	16	696.63	43.54	.195		63.33	8.50
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	9	25	364.30	14.57	.305		40.48	4.44
RADIOLOGY	1	1	189.90	189.90	.012		189.90	2.32
ROOM USE	7	8	291.56	36.45	.098		41.65	3.56
CROSSOVERS/ALL OTH OUTPTNT	4	7	139.95	19.99	.085		34.99	1.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000		\$.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	18	35	\$ 2,248.47	\$ 64.24	.427		\$ 124.92	\$ 27.42
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	1	7	268.34	38.33	.085		268.34	3.27
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	17	28	1,980.13	70.72	.341		116.48	24.15

82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	35	13,483	\$ 22,920.57	\$ 1.70	164.427		\$ 654.87	\$ 279.52

DURABLE MED. EQUIP.	6	33	4,895.22	148.34	.402	815.87	59.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	69	518.28	7.51	.841	172.76	6.32
AMBULANCES/AIR TRANS	3	69	518.28	7.51	.841	172.76	6.32
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	9	22	999.46	45.43	.268	111.05	12.19
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	21.99	11.00	.024	21.99	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	72.24	18.06	.049	36.12	.88

PROSTHETICS	2	4		72.24		18.06	.049	36.12	.88
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	7,418		9,954.23		1.34	90.463	1990.85	121.39
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	23	5,935		6,459.15		1.09	72.378	280.83	78.77
@CALIF. CHILDREN SERVICES*	6	121	\$	10,642.52	\$	87.95	1.476	\$ 1773.75	\$ 129.79
@XOVER EXCLUDING STATE HOSP**	14	38	\$	1,509.23	\$	39.72	.463	\$ 107.80	\$ 18.41

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 865
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED	

7,248 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,911	214,744	\$ 4,638,482.49	\$ 21.60	29.628	\$ 784.72	\$ 639.97
@PHYSICIANS SERVICES	1,759	6,704	\$ 203,487.25	\$ 30.35	.925	\$ 115.68	\$ 28.07
OUTPATIENT VISITS	719	1,029	34,419.24	33.45	.142	47.87	4.75
OFFICE VISITS	636	887	28,119.81	31.70	.122	44.21	3.88
HOME VISITS	5	6	223.10	37.18	.001	44.62	.03
EMERGENCY ROOM	45	62	4,100.03	66.13	.009	91.11	.57
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	112.00	112.00	.000	112.00	.02
OTHER OUTPATIENT	64	73	1,864.30	25.54	.010	29.13	.26
INPATIENT VISITS	119	491	21,139.77	43.05	.068	177.65	2.92
HOSPITAL VISITS	76	421	17,598.41	41.80	.058	231.56	2.43
CRITICAL CARE	8	13	1,804.91	138.84	.002	225.61	.25
SNF/ICF/TRANS IP CARE	42	57	1,736.45	30.46	.008	41.34	.24
OPHTHALMOLOGICAL SERVICES	16	20	868.40	43.42	.003	54.28	.12
EXAMINATIONS	16	20	868.40	43.42	.003	54.28	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	57	1,160	42,455.71	36.60	.160	744.84	5.86
PRINCIPAL SURGEON	40	59	33,914.32	574.82	.008	847.86	4.68
ASSISTANT SURGEON	2	2	1,798.57	899.29	.000	899.29	.25
ANESTHESIOLOGIST	25	1,099	6,742.82	6.14	.152	269.71	.93
OUTPATIENT SURGERY	114	255	23,447.46	91.95	.035	205.68	3.24
PRINCIPAL SURGEON	101	126	20,595.13	163.45	.017	203.91	2.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	18	129	2,852.33	22.11	.018	158.46	.39
DIALYSIS	15	81	3,861.68	47.68	.011	257.45	.53
PATHOLOGY	122	402	6,077.90	15.12	.055	49.82	.84
RADIOLOGY	421	768	34,369.15	44.75	.106	81.64	4.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	33	60	560.82	9.35	.008	16.99	.08
OTHER SERVICES/ALL X-OVERS	827	2,438	36,287.12	14.88	.336	43.88	5.01
@PHARMACY	5,060	67,300	\$ 2,130,154.89	\$ 31.65	9.285	\$ 420.98	\$ 293.90
PRESCRIPTION DRUGS	5,012	23,159	2,071,677.66	89.45	3.195	413.34	285.83
SNF/ICF	167	1,407	87,693.23	62.33	.194	525.11	12.10
OUTPATIENTS	4,849	21,752	1,983,984.43	91.21	3.001	409.15	273.73
MEDICAL SUPPLIES	399	44,141	58,477.23	1.32	6.090	146.56	8.07
@DENTIST	289	1,289	\$ 64,870.90	\$ 50.33	.178	\$ 224.47	\$ 8.95
VISITS - DIAGNOSTIC	184	758	9,868.90	13.02	.105	53.64	1.36
ORAL SURGERY	61	125	8,183.00	65.46	.017	134.15	1.13

DRUGS	2	2	30.00	15.00	.000	15.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.03
PERIODONTICS	16	20	2,472.00	123.60	.003	154.50	.34
ENDODONTICS	22	33	8,074.00	244.67	.005	367.00	1.11
RESTORATIVE DENTISTRY	84	271	21,974.00	81.08	.037	261.60	3.03
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.01
DENTURES, STAYPLATES	41	74	14,009.00	189.31	.010	341.68	1.93
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 866
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

7,248 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	189	453	\$ 10,120.27	\$ 22.34	.063	\$ 53.55	\$ 1.40
DIAGNOSTIC AND ANC. PROCED	96	95	3,711.43	39.07	.013	38.66	.51
EYE APPLIANCES	118	323	5,569.13	17.24	.045	47.20	.77
OTHER OPTOMETRIC SERVICES	30	35	839.71	23.99	.005	27.99	.12
@CHIROPRACTOR	30	47	\$ 679.00	\$ 14.45	.006	\$ 22.63	\$.09
VISITS	21	29	480.70	16.58	.004	22.89	.07
OTHER SERVICES	9	18	198.30	11.02	.002	22.03	.03
@PODIATRIST	84	102	\$ 2,347.65	\$ 23.02	.014	\$ 27.95	\$.32
MEDICINE/INJECTIONS	35	36	1,182.80	32.86	.005	33.79	.16
SURGERY/ANES.	4	5	115.05	23.01	.001	28.76	.02
RADIO./PATHOLOGY	4	5	86.50	17.30	.001	21.63	.01
OTHER	46	56	963.30	17.20	.008	20.94	.13
@HOME HEALTH AGENCY	32	668	\$ 23,066.72	\$ 34.53	.092	\$ 720.84	\$ 3.18
NURSE ANESTHESIST	4	71	\$ 170.36	\$ 2.40	.010	\$ 42.59	\$.02
NURSE MIDWIFE	3	15	\$ 1,483.17	\$ 98.88	.002	\$ 494.39	\$.20
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,139	8,518	\$ 1,007,271.47	\$ 118.25	1.175	\$ 884.35	\$ 138.97
HOSP INPATIENT TOTAL	139	669	784,499.62	1172.65	.092	5643.88	108.24
HSC HOSPITALS	33	188	219,715.00	1168.70	.026	6658.03	30.31
NON-HSC HOSPITAL TOTAL	62	275	523,302.38	1902.92	.038	8440.36	72.20
ACCOMMODATIONS	62	275	155,856.70	566.75	.038	2513.82	21.50
ADMINISTRATIVE DAYS	3	29	5,773.30	199.08	.004	1924.43	.80
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	59	246	150,083.40	610.10	.034	2543.79	20.71
ANCILLARIES	62	0	367,445.68	.00	.000	5926.54	50.70
INPATIENT CROSSOVERS	51	206	41,482.24	201.37	.028	813.38	5.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,051	7,849	222,771.85	28.38	1.083	211.96	30.74
MEDICAL	318	573	27,635.03	48.23	.079	86.90	3.81
SURGERY	63	66	2,543.77	38.54	.009	40.38	.35
PATHOLOGY	532	2,979	30,960.65	10.39	.411	58.20	4.27
RADIOLOGY	320	506	41,732.05	82.47	.070	130.41	5.76
ROOM USE	481	750	31,795.86	42.39	.103	66.10	4.39
CROSSOVERS/ALL OTH OUTPTNT	307	2,975	88,104.49	29.61	.410	286.99	12.16
@COUNTY HOSPITAL TOTAL	21	122	\$ 12,315.02	\$ 100.94	.017	\$ 586.43	\$ 1.70
CO HOSPITAL INPATIENT TOTAL	3	18	8,810.00	489.44	.002	2936.67	1.22
HSC HOSPITALS	1	8	7,320.00	915.00	.001	7320.00	1.01
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	10	1,490.00	149.00	.001	745.00	.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	18	104	3,505.02	33.70	.014	194.72	.48
MEDICAL	6	8	185.77	23.22	.001	30.96	.03
SURGERY	2	2	87.01	43.51	.000	43.51	.01
PATHOLOGY	11	51	568.23	11.14	.007	51.66	.08
RADIOLOGY	5	8	1,741.52	217.69	.001	348.30	.24
ROOM USE	10	13	681.68	52.44	.002	68.17	.09
CROSSOVERS/ALL OTH OUTPTNT	9	22	240.81	10.95	.003	26.76	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 867
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	7,248 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,124	8,396	\$	994,956.45	\$ 118.50	1.158	\$ 885.19	\$ 137.27
COMM HOSP INPATIENT TOTAL	136	651		775,689.62	1191.54	.090	5703.60	107.02
HSC HOSPITALS	32	180		212,395.00	1179.97	.025	6637.34	29.30
NON-HSC HOSPITALS TOTAL	62	275		523,302.38	1902.92	.038	8440.36	72.20
ACCOMMODATIONS	62	275		155,856.70	566.75	.038	2513.82	21.50
ADMINISTRATIVE DAYS	3	29		5,773.30	199.08	.004	1924.43	.80
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	59	246		150,083.40	610.10	.034	2543.79	20.71
ANCILLARIES	62	0		367,445.68	.00	.000	5926.54	50.70
INPATIENT CROSSOVERS	49	196		39,992.24	204.04	.027	816.17	5.52
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,039	7,745		219,266.83	28.31	1.069	211.04	30.25
MEDICAL	315	565		27,449.26	48.58	.078	87.14	3.79
SURGERY	61	64		2,456.76	38.39	.009	40.27	.34
PATHOLOGY	523	2,928		30,392.42	10.38	.404	58.11	4.19
RADIOLOGY	316	498		39,990.53	80.30	.069	126.55	5.52
ROOM USE	476	737		31,114.18	42.22	.102	65.37	4.29
CROSSOVERS/ALL OTH OUTPTNT	302	2,953		87,863.68	29.75	.407	290.94	12.12
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	143	4,626	\$	606,957.66	\$ 131.21	.638	\$ 4244.46	\$ 83.74
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	191		106,576.31	557.99	.026	21315.26	14.70
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	138	4,435		500,381.35	112.83	.612	3625.95	69.04
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	24	325	\$	41,796.10	\$ 128.60	.045	\$ 1741.50	\$ 5.77
HOSPITAL BASED	12	138		26,794.36	194.16	.019	2232.86	3.70
HEMODIALYSIS CENTER	12	187		15,001.74	80.22	.026	1250.15	2.07
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	191	996	\$	13,280.90	\$ 13.33	.137	\$ 69.53	\$ 1.83
PATHOLOGY	173	963		13,162.44	13.67	.133	76.08	1.82
XO AND OTHERS	18	33		118.46	3.59	.005	6.58	.02
@ORGANIZED OUTPATIENT CLINIC	1,210	1,918	\$	248,241.19	\$ 129.43	.265	\$ 205.16	\$ 34.25
CLINIC	17	36		1,013.03	28.14	.005	59.59	.14

SURGICENTER	6	20	923.14	46.16	.003	153.86	.13
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,189	1,862	246,305.02	132.28	.257	207.15	33.98

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 868
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
7,248 ELIGIBLES							
@ALL OTHER PROVIDERS	941	121,712	\$ 284,554.96	\$ 2.34	16.792	\$ 302.40	\$ 39.26
DURABLE MED. EQUIP.	102	375	58,435.41	155.83	.052	572.90	8.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.000	25.00	.00
MEDICAL TRANSPORTATION	166	8,071	37,783.64	4.68	1.114	227.61	5.21
AMBULANCES/AIR TRANS	120	1,702	20,659.80	12.14	.235	172.17	2.85
OTHER TRANS	26	5,674	13,871.16	2.44	.783	533.51	1.91
OTHER SERVICES	29	695	3,252.68	4.68	.096	112.16	.45
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	63	2,279	71,201.35	31.24	.314	1130.18	9.82
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	126	273	3,157.72	11.57	.038	25.06	.44
PHYSICAL THERAPIST	2	9	12.59	1.40	.001	6.30	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	18	122	22,510.20	184.51	.017	1250.57	3.11
PROSTHETICS	11	115	22,143.11	192.55	.016	2013.01	3.06
ORTHOTICS	7	7	367.09	52.44	.001	52.44	.05
PSYCHOLOGIST	4	4	37.82	9.46	.001	9.46	.01
SPEECH AND AUDIOLOGY	30	79	3,033.07	38.39	.011	101.10	.42
HOSPICE SERVICES	4	55	6,250.44	113.64	.008	1562.61	.86
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	113	11,459	44,918.07	3.92	1.581	397.51	6.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	408	98,985	37,189.65	.38	13.657	91.15	5.13
@CALIF. CHILDREN SERVICES*	71	12,487	\$ 65,513.94	\$ 5.25	1.723	\$ 922.73	\$ 9.04
@XOVER EXCLUDING STATE HOSP**	986	15,967	\$ 128,186.34	\$ 8.03	2.203	\$ 130.01	\$ 17.69

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 869
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
22,731 ELIGIBLES							
@TOTAL, ALL PROVIDERS	11,306	63,302	\$ 3,869,277.48	\$ 61.12	2.785	\$ 342.23	\$ 170.22
@PHYSICIANS SERVICES	3,272	9,573	\$ 414,385.46	\$ 43.29	.421	\$ 126.65	\$ 18.23
OUTPATIENT VISITS	1,995	2,688	100,188.47	37.27	.118	50.22	4.41
OFFICE VISITS	1,694	2,174	70,679.16	32.51	.096	41.72	3.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	151	157	8,471.98	53.96	.007	56.11	.37
PREVENTIVE CARE	7	7	337.07	48.15	.000	48.15	.01
OB VISITS/COMPRE PERI	139	269	18,444.30	68.57	.012	132.69	.81
OTHER OUTPATIENT	68	81	2,255.96	27.85	.004	33.18	.10
INPATIENT VISITS	179	551	39,014.35	70.81	.024	217.96	1.72
HOSPITAL VISITS	163	395	18,466.05	46.75	.017	113.29	.81
CRITICAL CARE	24	153	20,427.00	133.51	.007	851.13	.90

SNF/ICF/TRANS IP CARE	2	3	121.30	40.43	.000	60.65	.01
OPHTHALMOLOGICAL SERVICES	17	22	872.98	39.68	.001	51.35	.04
EXAMINATIONS	17	22	872.98	39.68	.001	51.35	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	203	2,033	126,764.42	62.35	.089	624.46	5.58
PRINCIPAL SURGEON	141	169	105,559.40	624.61	.007	748.65	4.64
ASSISTANT SURGEON	29	29	5,888.58	203.05	.001	203.05	.26
ANESTHESIOLOGIST	72	1,835	15,316.44	8.35	.081	212.73	.67
OUTPATIENT SURGERY	285	887	51,681.01	58.26	.039	181.34	2.27
PRINCIPAL SURGEON	233	284	40,289.52	141.86	.012	172.92	1.77
ASSISTANT SURGEON	3	3	491.02	163.67	.000	163.67	.02
ANESTHESIOLOGIST	77	600	10,900.47	18.17	.026	141.56	.48
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	284	442	10,382.41	23.49	.019	36.56	.46
RADIOLOGY	1,052	1,615	46,280.31	28.66	.071	43.99	2.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	67	207		5,853.73	28.28	.009	87.37	.26
OTHER SERVICES/ALL X-OVERS	348	1,128		33,347.78	29.56	.050	95.83	1.47
@PHARMACY	5,904	15,745	\$	791,218.99	\$ 50.25	.693	\$ 134.01	\$ 34.81
PRESCRIPTION DRUGS	5,874	14,568		784,285.06	53.84	.641	133.52	34.50
SNF/ICF	4	15		289.35	19.29	.001	72.34	.01
OUTPATIENTS	5,873	14,553		783,995.71	53.87	.640	133.49	34.49
MEDICAL SUPPLIES	99	1,177		6,933.93	5.89	.052	70.04	.31
@DENTIST	768	3,956	\$	163,747.82	\$ 41.39	.174	\$ 213.21	\$ 7.20
VISITS - DIAGNOSTIC	508	2,354		35,750.50	15.19	.104	70.38	1.57
ORAL SURGERY	103	313		21,877.50	69.90	.014	212.40	.96
DRUGS	17	21		205.00	9.76	.001	12.06	.01
ANESTHESIA	8	8		800.00	100.00	.000	100.00	.04
PERIODONTICS	13	13		1,996.00	153.54	.001	153.54	.09
ENDODONTICS	100	210		32,769.00	156.04	.009	327.69	1.44
RESTORATIVE DENTISTRY	292	912		60,989.75	66.87	.040	208.87	2.68
PROSTHETICS	2	2		30.00	15.00	.000	15.00	.00
DENTURES, STAYPLATES	16	33		4,948.00	149.94	.001	309.25	.22
SPACE MAINTAINERS	5	7		684.00	97.71	.000	136.80	.03
MAXILLOFACIAL SERVICES	2	2		148.07	74.04	.000	74.04	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	46	50		3,400.00	68.00	.002	73.91	.15
ALL OTHER SERVICES	19	31		150.00	4.84	.001	7.89	.01
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22,731 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE	
@OPTOMETRIST	309	695	\$ 17,410.12	\$ 25.05	.031	\$ 56.34	\$.77
DIAGNOSTIC AND ANC. PROCED	214	215	9,900.48	46.05	.009	46.26	.44
EYE APPLIANCES	151	426	6,453.99	15.15	.019	42.74	.28
OTHER OPTOMETRIC SERVICES	45	54	1,055.65	19.55	.002	23.46	.05
@CHIROPRACTOR	27	32	\$ 530.86	\$ 16.59	.001	\$ 19.66	\$.02
VISITS	27	32	530.86	16.59	.001	19.66	.02
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	28	37	\$ 1,353.90	\$ 36.59	.002	\$ 48.35	\$.06
MEDICINE/INJECTIONS	20	23	925.80	40.25	.001	46.29	.04
SURGERY/ANES.	8	11	372.10	33.83	.000	46.51	.02
RADIO./PATHOLOGY	2	2	34.60	17.30	.000	17.30	.00
OTHER	1	1	21.40	21.40	.000	21.40	.00
@HOME HEALTH AGENCY	12	61	\$ 4,074.43	\$ 66.79	.003	\$ 339.54	\$.18
NURSE ANESTHESIST	1	26	396.16	15.24	.001	396.16	.02
NURSE MIDWIFE	4	41	\$ 1,417.84	\$ 34.58	.002	\$ 354.46	\$.06
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	7	\$ 165.50	\$ 23.64	.000	\$ 82.75	\$.01
@TOTAL HOSPITAL	3,348	14,128	\$ 1,638,852.00	\$ 116.00	.622	\$ 489.50	\$ 72.10
HOSP INPATIENT TOTAL	189	826	1,233,364.12	1493.18	.036	6525.74	54.26
HSC HOSPITALS	70	347	419,900.77	1210.09	.015	5998.58	18.47
NON-HSC HOSPITAL TOTAL	125	479	812,623.35	1696.50	.021	6500.99	35.75
ACCOMMODATIONS	124	479	249,065.51	519.97	.021	2008.59	10.96
ADMINISTRATIVE DAYS	2	6	1,387.80	231.30	.000	693.90	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	122	473	247,677.71	523.63	.021	2030.15	10.90
ANCILLARIES	124	0	563,557.84	.00	.000	4544.82	24.79
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,252	13,302	405,487.88	30.48	.585	124.69	17.84
MEDICAL	1,720	2,751	122,610.00	44.57	.121	71.28	5.39
SURGERY	125	146	6,697.90	45.88	.006	53.58	.29
PATHOLOGY	1,124	4,409	49,454.93	11.22	.194	44.00	2.18

RADIOLOGY	892	1,248		84,413.79	67.64	.055	94.63	3.71
ROOM USE	1,959	2,754		107,187.54	38.92	.121	54.72	4.72
CROSSOVERS/ALL OTH OUTPTNT	848	1,994		35,123.72	17.61	.088	41.42	1.55
@COUNTY HOSPITAL TOTAL	28	108	\$	11,027.81	\$ 102.11	.005	\$ 393.85	\$.49
CO HOSPITAL INPATIENT TOTAL	2	7		7,363.00	1051.86	.000	3681.50	.32
HSC HOSPITALS	2	7		7,363.00	1051.86	.000	3681.50	.32
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	26	101		3,664.81	36.29	.004	140.95	.16
MEDICAL	13	14		368.30	26.31	.001	28.33	.02
SURGERY	4	6		265.19	44.20	.000	66.30	.01
PATHOLOGY	8	34		501.42	14.75	.001	62.68	.02
RADIOLOGY	5	6		228.09	38.02	.000	45.62	.01
ROOM USE	21	26		1,002.33	38.55	.001	47.73	.04
CROSSOVERS/ALL OTH OUTPTNT	9	15		1,299.48	86.63	.001	144.39	.06
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	22,731 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,327	14,020	\$	1,627,824.19	\$ 116.11	.617	\$ 489.28	\$ 71.61
COMM HOSP INPATIENT TOTAL	187	819		1,226,001.12	1496.95	.036	6556.16	53.94
HSC HOSPITALS	68	340		412,537.77	1213.35	.015	6066.73	18.15
NON-HSC HOSPITALS TOTAL	125	479		812,623.35	1696.50	.021	6500.99	35.75
ACCOMMODATIONS	124	479		249,065.51	519.97	.021	2008.59	10.96
ADMINISTRATIVE DAYS	2	6		1,387.80	231.30	.000	693.90	.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	122	473		247,677.71	523.63	.021	2030.15	10.90
ANCILLARIES	124	0		563,557.84	.00	.000	4544.82	24.79
INPATIENT CROSSOVERS	1	0		840.00	.00	.000	840.00	.04
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,233	13,201		401,823.07	30.44	.581	124.29	17.68
MEDICAL	1,709	2,737		122,241.70	44.66	.120	71.53	5.38
SURGERY	121	140		6,432.71	45.95	.006	53.16	.28
PATHOLOGY	1,117	4,375		48,953.51	11.19	.192	43.83	2.15
RADIOLOGY	888	1,242		84,185.70	67.78	.055	94.80	3.70
ROOM USE	1,941	2,728		106,185.21	38.92	.120	54.71	4.67
CROSSOVERS/ALL OTH OUTPTNT	841	1,979		33,824.24	17.09	.087	40.22	1.49
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	4	52	\$	9,392.10	\$ 180.62	.002	\$ 2348.03	\$.41
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	4	52		9,392.10	180.62	.002	2348.03	.41
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	11	\$ 287.38	\$ 26.13	.000	\$ 95.79	\$.01
HOSPITAL BASED	3	11	287.38	26.13	.000	95.79	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	551	1,740	\$ 32,030.15	\$ 18.41	.077	\$ 58.13	\$ 1.41
PATHOLOGY	550	1,739	31,985.52	18.39	.077	58.16	1.41
XO AND OTHERS	1	1	44.63	44.63	.000	44.63	.00
@ORGANIZED OUTPATIENT CLINIC	2,742	4,046	\$ 675,440.43	\$ 166.94	.178	\$ 246.33	\$ 29.71
CLINIC	47	148	5,248.77	35.46	.007	111.68	.23
SURGICENTER	21	163	5,114.96	31.38	.007	243.57	.23
HEROIN DETOX CLINIC	3	21	269.43	12.83	.001	89.81	.01
RURAL HEALTH CLINIC	2,678	3,714	664,807.27	179.00	.163	248.25	29.25
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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
22,731 ELIGIBLES							
@ALL OTHER PROVIDERS	1,395	13,152	\$ 118,574.34	\$ 9.02	.579	\$ 85.00	\$ 5.22
DURABLE MED. EQUIP.	58	142	9,790.55	68.95	.006	168.80	.43
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	1,987.45	662.48	.000	662.48	.09
MEDICAL TRANSPORTATION	181	2,651	31,836.50	12.01	.117	175.89	1.40
AMBULANCES/AIR TRANS	179	2,611	26,334.57	10.09	.115	147.12	1.16
OTHER TRANS	1	8	75.80	9.48	.000	75.80	.00
OTHER SERVICES	3	32	5,426.13	169.57	.001	1808.71	.24
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	40	40	4,150.00	103.75	.002	103.75	.18
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	174	379	3,505.08	9.25	.017	20.14	.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.00
PROSTHETIST/ORTHOTISTS	13	37	3,688.88	99.70	.002	283.76	.16
PROSTHETICS	5	28	3,088.39	110.30	.001	617.68	.14
ORTHOTICS	8	9	600.49	66.72	.000	75.06	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	277.72	46.29	.000	92.57	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	1,046.55	1046.55	.000	1046.55	.05
LOCAL EDUCATION AGENCIES	910	6,308	59,560.92	9.44	.278	65.45	2.62
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	3,582	2,643.40	.74	.158	101.67	.12
@CALIF. CHILDREN SERVICES*	88	1,704	\$ 189,517.12	\$ 111.22	.075	\$ 2153.60	\$ 8.34
@XOVER EXCLUDING STATE HOSP**	32	118	\$ 2,160.78	\$ 18.31	.005	\$ 67.52	\$.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,020 ELIGIBLES							
@TOTAL, ALL PROVIDERS	508	11,997	\$ 177,524.76	\$ 14.80	11.762	\$ 349.46	\$ 174.04
@PHYSICIANS SERVICES	152	329	\$ 18,838.36	\$ 57.26	.323	\$ 123.94	\$ 18.47

OUTPATIENT VISITS	93	119		4,960.60		41.69	.117	53.34	4.86
OFFICE VISITS	69	81		2,574.59		31.79	.079	37.31	2.52
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	11	11		736.31		66.94	.011	66.94	.72
PREVENTIVE CARE	1	1		65.78		65.78	.001	65.78	.06
OB VISITS/COMPRE PERI	11	22		1,523.55		69.25	.022	138.50	1.49
OTHER OUTPATIENT	4	4		60.37		15.09	.004	15.09	.06
INPATIENT VISITS	16	25		1,503.06		60.12	.025	93.94	1.47
HOSPITAL VISITS	7	12		674.25		56.19	.012	96.32	.66
CRITICAL CARE	0	0		446.31		.00	.000	.00	.44
SNF/ICF/TRANS IP CARE	9	13		382.50		29.42	.013	42.50	.38
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	32		6,834.92		213.59	.031	759.44	6.70
PRINCIPAL SURGEON	6	6		6,030.69		1005.12	.006	1005.12	5.91
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	3	26		804.23		30.93	.025	268.08	.79
OUTPATIENT SURGERY	12	30		1,120.09		37.34	.029	93.34	1.10
PRINCIPAL SURGEON	9	9		595.27		66.14	.009	66.14	.58
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	3	21		524.82		24.99	.021	174.94	.51
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	16	23		755.13		32.83	.023	47.20	.74
RADIOLOGY	32	56		1,500.89		26.80	.055	46.90	1.47
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3		80.45		26.82	.003	40.23	.08
OTHER SERVICES/ALL X-OVERS	16	41		2,083.22		50.81	.040	130.20	2.04
@PHARMACY	237	1,079	\$	33,973.61	\$	31.49	1.058	\$ 143.35	\$ 33.31
PRESCRIPTION DRUGS	232	497		33,177.15		66.75	.487	143.00	32.53
SNF/ICF	14	75		10,499.96		140.00	.074	750.00	10.29
OUTPATIENTS	218	422		22,677.19		53.74	.414	104.02	22.23
MEDICAL SUPPLIES	5	582		796.46		1.37	.571	159.29	.78
@DENTIST	35	169	\$	4,941.58	\$	29.24	.166	\$ 141.19	\$ 4.84
VISITS - DIAGNOSTIC	29	121		1,760.50		14.55	.119	60.71	1.73
ORAL SURGERY	4	15		1,480.00		98.67	.015	370.00	1.45
DRUGS	3	4		90.00		22.50	.004	30.00	.09
ANESTHESIA	1	1		100.00		100.00	.001	100.00	.10
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	1	4		393.00		98.25	.004	393.00	.39
RESTORATIVE DENTISTRY	9	19		931.00		49.00	.019	103.44	.91
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		112.08		112.08	.001	112.08	.11
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	4		75.00		18.75	.004	75.00	.07

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	1,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	24	\$	604.16	\$ 25.17	.024	\$ 67.13	\$.59
DIAGNOSTIC AND ANC. PROCED	8	8		379.60	47.45	.008	47.45	.37
EYE APPLIANCES	5	14		192.94	13.78	.014	38.59	.19
OTHER OPTOMETRIC SERVICES	1	2		31.62	15.81	.002	31.62	.03
@CHIROPRACTOR	3	5	\$	83.60	\$ 16.72	.005	\$ 27.87	\$.08
VISITS	3	5		83.60	16.72	.005	27.87	.08

OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	145	549	\$	44,226.23	\$	80.56	.538	\$	305.01	\$
HOSP INPATIENT TOTAL	9	26		29,236.26		1124.47	.025		3248.47	
HSC HOSPITALS	3	5		4,145.50		829.10	.005		1381.83	
NON-HSC HOSPITAL TOTAL	6	21		25,090.76		1194.80	.021		4181.79	
ACCOMMODATIONS	6	21		8,519.07		405.67	.021		1419.85	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	21	8,519.07	405.67	.021	1419.85	8.35
ANCILLARIES	6	0	16,571.69	.00	.000	2761.95	16.25
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	140	523	14,989.97	28.66	.513	107.07	14.70
MEDICAL	73	105	3,986.90	37.97	.103	54.62	3.91
SURGERY	7	7	286.80	40.97	.007	40.97	.28
PATHOLOGY	52	206	2,174.45	10.56	.202	41.82	2.13
RADIOLOGY	33	51	3,647.32	71.52	.050	110.52	3.58
ROOM USE	69	90	3,660.95	40.68	.088	53.06	3.59
CROSSOVERS/ALL OTH OUTPTNT	33	64	1,233.55	19.27	.063	37.38	1.21
@COUNTY HOSPITAL TOTAL	3	18	\$ 487.13	\$ 27.06	.018	\$ 162.38	\$.48
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	18	487.13	27.06	.018	162.38	.48
MEDICAL	2	3	57.87	19.29	.003	28.94	.06
SURGERY	2	2	66.55	33.28	.002	33.28	.07
PATHOLOGY	1	4	48.69	12.17	.004	48.69	.05
RADIOLOGY	1	2	72.82	36.41	.002	72.82	.07
ROOM USE	2	5	181.80	36.36	.005	90.90	.18
CROSSOVERS/ALL OTH OUTPTNT	2	2	59.40	29.70	.002	29.70	.06

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	1,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	142	531	\$	43,739.10	\$ 82.37	.521	\$ 308.02	\$ 42.88
COMM HOSP INPATIENT TOTAL	9	26		29,236.26	1124.47	.025	3248.47	28.66
HSC HOSPITALS	3	5		4,145.50	829.10	.005	1381.83	4.06
NON-HSC HOSPITALS TOTAL	6	21		25,090.76	1194.80	.021	4181.79	24.60
ACCOMMODATIONS	6	21		8,519.07	405.67	.021	1419.85	8.35
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	21		8,519.07	405.67	.021	1419.85	8.35
ANCILLARIES	6	0		16,571.69	.00	.000	2761.95	16.25
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	137	505		14,502.84	28.72	.495	105.86	14.22
MEDICAL	71	102		3,929.03	38.52	.100	55.34	3.85
SURGERY	5	5		220.25	44.05	.005	44.05	.22
PATHOLOGY	51	202		2,125.76	10.52	.198	41.68	2.08
RADIOLOGY	32	49		3,574.50	72.95	.048	111.70	3.50
ROOM USE	67	85		3,479.15	40.93	.083	51.93	3.41
CROSSOVERS/ALL OTH OUTPTNT	31	62		1,174.15	18.94	.061	37.88	1.15
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	15	462	\$	38,400.18	\$ 83.12	.453	\$ 2560.01	\$ 37.65
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	15	462	38,400.18	83.12	.453	2560.01	37.65
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	26	81	\$ 1,427.77	\$ 17.63	.079	\$ 54.91	\$ 1.40
PATHOLOGY	26	81	1,427.77	17.63	.079	54.91	1.40
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	88	133	\$ 20,209.71	\$ 151.95	.130	\$ 229.66	\$ 19.81
CLINIC	5	10	115.13	11.51	.010	23.03	.11
SURGICENTER	2	12	462.42	38.54	.012	231.21	.45
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	81	111	19,632.16	176.87	.109	242.37	19.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 876
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT						

	1,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	56	9,166	\$	14,819.56	\$ 1.62	8.986	\$ 264.64	\$ 14.53
DURABLE MED. EQUIP.	2	3		229.60	76.53	.003	114.80	.23
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	59		1,100.06	18.65	.058	110.01	1.08
AMBULANCES/AIR TRANS	10	59		1,100.06	18.65	.058	110.01	1.08
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3		315.00	105.00	.003	105.00	.31
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	7	14		118.96	8.50	.014	16.99	.12
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1		96.50	96.50	.001	96.50	.09
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	1	1		96.50	96.50	.001	96.50	.09
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	23	970		7,259.87	7.48	.951	315.65	7.12
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	8,116		5,699.57	.70	7.957	356.22	5.59
@CALIF. CHILDREN SERVICES*	18	60	\$	5,129.10	\$ 85.49	.059	\$ 284.95	\$ 5.03
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;								

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS

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	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS		0	0	\$.00	\$.00	.000	\$.00	\$.00		
@PHYSICIANS SERVICES		0	0	\$.00	\$.00	.000	\$.00	\$.00		
OUTPATIENT VISITS		0	0	.00	.00	.000	.00	.00		
OFFICE VISITS		0	0	.00	.00	.000	.00	.00		
HOME VISITS		0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM		0	0	.00	.00	.000	.00	.00		
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT		0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS		0	0	.00	.00	.000	.00	.00		
HOSPITAL VISITS		0	0	.00	.00	.000	.00	.00		
CRITICAL CARE		0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE		0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES		0	0	.00	.00	.000	.00	.00		
EXAMINATIONS		0	0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY		0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON		0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST		0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY		0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON		0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST		0	0	.00	.00	.000	.00	.00		
DIALYSIS		0	0	.00	.00	.000	.00	.00		
PATHOLOGY		0	0	.00	.00	.000	.00	.00		
RADIOLOGY		0	0	.00	.00	.000	.00	.00		
PSYCHIATRY		0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION		0	0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS		0	0	.00	.00	.000	.00	.00		
@PHARMACY		0	0	\$.00	\$.00	.000	\$.00	\$.00		
PRESCRIPTION DRUGS		0	0	.00	.00	.000	.00	.00		
SNF/ICF		0	0	.00	.00	.000	.00	.00		
OUTPATIENTS		0	0	.00	.00	.000	.00	.00		
MEDICAL SUPPLIES		0	0	.00	.00	.000	.00	.00		
@DENTIST		0	0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS - DIAGNOSTIC		0	0	.00	.00	.000	.00	.00		
ORAL SURGERY		0	0	.00	.00	.000	.00	.00		
DRUGS		0	0	.00	.00	.000	.00	.00		
ANESTHESIA		0	0	.00	.00	.000	.00	.00		
PERIODONTICS		0	0	.00	.00	.000	.00	.00		
ENDODONTICS		0	0	.00	.00	.000	.00	.00		
RESTORATIVE DENTISTRY		0	0	.00	.00	.000	.00	.00		
PROSTHETICS		0	0	.00	.00	.000	.00	.00		
DENTURES, STAYPLATES		0	0	.00	.00	.000	.00	.00		
SPACE MAINTAINERS		0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES		0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS		0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES		0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES		0	0	.00	.00	.000	.00	.00		

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AMADOR COUNTY

SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 880
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 881
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES 73			
				PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 882
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 883
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 884

MOP024
AMADOR COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AMADOR COUNTY

SUMMARY OF SERVICES FOR IRCA ALIENS

AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 886
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 887
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 888
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 889
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	30	198	\$ 24,268.68	\$ 122.57	1.752	\$ 808.96	\$ 214.77
@PHYSICIANS SERVICES	16	57	\$ 6,027.24	\$ 105.74	.504	\$ 376.70	\$ 53.34
OUTPATIENT VISITS	8	11	867.67	78.88	.097	108.46	7.68
OFFICE VISITS	1	1	24.00	24.00	.009	24.00	.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.009	68.35	.60

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	9	775.32	86.15	.080	129.22	6.86
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	9	771.00	85.67	.080	257.00	6.82
HOSPITAL VISITS	2	5	196.92	39.38	.044	98.46	1.74
CRITICAL CARE	1	4	574.08	143.52	.035	574.08	5.08
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	26	3,730.83	143.49	.230	746.17	33.02
PRINCIPAL SURGEON	3	3	3,265.74	1088.58	.027	1088.58	28.90
ASSISTANT SURGEON	1	1	186.50	186.50	.009	186.50	1.65
ANESTHESIOLOGIST	1	22	278.59	12.66	.195	278.59	2.47
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		68.86	34.43	.018	68.86	.61
RADIOLOGY	3	3		100.64	33.55	.027	33.55	.89
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	6		488.24	81.37	.053	162.75	4.32
@PHARMACY	6	12	\$	291.18	\$ 24.27	.106	\$ 48.53	\$ 2.58
PRESCRIPTION DRUGS	6	12		291.18	24.27	.106	48.53	2.58
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	6	12		291.18	24.27	.106	48.53	2.58
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 890
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	13	53	\$ 16,668.61	\$ 314.50	.469	\$ 1282.20	\$ 147.51
HOSP INPATIENT TOTAL	3	12	15,777.12	1314.76	.106	5259.04	139.62
HSC HOSPITALS	1	4	4,840.00	1210.00	.035	4840.00	42.83
NON-HSC HOSPITAL TOTAL	2	8	10,937.12	1367.14	.071	5468.56	96.79
ACCOMMODATIONS	2	8	3,723.40	465.43	.071	1861.70	32.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	3,723.40	465.43	.071	1861.70	32.95
ANCILLARIES	2	0	7,213.72	.00	.000	3606.86	63.84

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	41	891.49	21.74	.363	81.04	7.89
MEDICAL	1	1	33.60	33.60	.009	33.60	.30
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	26	239.08	9.20	.230	47.82	2.12
RADIOLOGY	3	3	198.87	66.29	.027	66.29	1.76
ROOM USE	5	8	352.70	44.09	.071	70.54	3.12
CROSSOVERS/ALL OTH OUTPTNT	2	3	67.24	22.41	.027	33.62	.60
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 891
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	53	\$	16,668.61	\$ 314.50	.469	\$ 1282.20	\$ 147.51
COMM HOSP INPATIENT TOTAL	3	12		15,777.12	1314.76	.106	5259.04	139.62
HSC HOSPITALS	1	4		4,840.00	1210.00	.035	4840.00	42.83
NON-HSC HOSPITALS TOTAL	2	8		10,937.12	1367.14	.071	5468.56	96.79
ACCOMMODATIONS	2	8		3,723.40	465.43	.071	1861.70	32.95
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8		3,723.40	465.43	.071	1861.70	32.95
ANCILLARIES	2	0		7,213.72	.00	.000	3606.86	63.84
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	41		891.49	21.74	.363	81.04	7.89
MEDICAL	1	1		33.60	33.60	.009	33.60	.30
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	26		239.08	9.20	.230	47.82	2.12
RADIOLOGY	3	3		198.87	66.29	.027	66.29	1.76
ROOM USE	5	8		352.70	44.09	.071	70.54	3.12
CROSSOVERS/ALL OTH OUTPTNT	2	3		67.24	22.41	.027	33.62	.60
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	7	22	\$	273.12	\$	12.41	.195	\$ 39.02	\$ 2.42
PATHOLOGY	7	22		273.12		12.41	.195	39.02	2.42
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	303.48	\$	151.74	.018	\$ 151.74	\$ 2.69
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2		303.48		151.74	.018	151.74	2.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 892
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F								

113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6	52	\$ 705.05	\$ 13.56	.460	\$ 117.51	\$ 6.24	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	2	48	285.05	5.94	.425	142.53	2.52	
AMBULANCES/AIR TRANS	2	48	285.05	5.94	.425	142.53	2.52	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	4	4	420.00	105.00	.035	105.00	3.72	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 893
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04

AMADOR COUNTY

SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	1	2	\$.00	\$.00	.222	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	1	2	\$.00	\$.00	.222	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	1	2	.00	.00	.222	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

PAGE 894 01/29/04

09 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAYUNITS/DAYS
PER ELIGCOST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 895
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A 01/29/04

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 896
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 897
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	38	932	\$ 58,290.87	\$ 62.54	46.600	\$ 1533.97	\$ 2914.54
@PHYSICIANS SERVICES	27	538	\$ 19,292.00	\$ 35.86	26.900	\$ 714.52	\$ 964.60
OUTPATIENT VISITS	19	40	1,148.28	28.71	2.000	60.44	57.41
OFFICE VISITS	19	40	1,148.28	28.71	2.000	60.44	57.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	2	111.00	55.50	.100	111.00	5.55
HOSPITAL VISITS	1	2	111.00	55.50	.100	111.00	5.55
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	42	1,614.91	38.45	2.100	538.30	80.75
PRINCIPAL SURGEON	2	2	1,011.91	505.96	.100	505.96	50.60
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	40	603.00	15.08	2.000	301.50	30.15
OUTPATIENT SURGERY	3	9	940.48	104.50	.450	313.49	47.02
PRINCIPAL SURGEON	3	4	832.46	208.12	.200	277.49	41.62
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	108.02	21.60	.250	108.02	5.40
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	24	785.50	32.73	1.200	98.19	39.28
RADIOLOGY	10	23	950.21	41.31	1.150	95.02	47.51
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	358	12,921.87	36.09	17.900	2153.65	646.09
OTHER SERVICES/ALL X-OVERS	8	40	819.75	20.49	2.000	102.47	40.99
@PHARMACY	22	57	\$ 5,295.96	\$ 92.91	2.850	\$ 240.73	\$ 264.80
PRESCRIPTION DRUGS	22	54	4,984.28	92.30	2.700	226.56	249.21
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	22	54	4,984.28	92.30	2.700	226.56	249.21
MEDICAL SUPPLIES	1	3	311.68	103.89	.150	311.68	15.58
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 898

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

AMADOR COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	20	299	\$ 30,588.58	\$ 102.30	14.950	\$ 1529.43	\$ 1529.43
HOSP INPATIENT TOTAL	4	9	23,553.15	2617.02	.450	5888.29	1177.66
HSC HOSPITALS	1	3	3,630.00	1210.00	.150	3630.00	181.50
NON-HSC HOSPITAL TOTAL	3	6	19,923.15	3320.53	.300	6641.05	996.16
ACCOMMODATIONS	3	6	3,614.74	602.46	.300	1204.91	180.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	6	3,614.74	602.46	.300	1204.91	180.74
ANCILLARIES	3	0	16,308.41	.00	.000	5436.14	815.42
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17	290	7,035.43	24.26	14.500	413.85	351.77
MEDICAL	6	16	446.71	27.92	.800	74.45	22.34
SURGERY	1	1	135.30	135.30	.050	135.30	6.77
PATHOLOGY	10	67	835.70	12.47	3.350	83.57	41.79
RADIOLOGY	7	18	1,680.37	93.35	.900	240.05	84.02
ROOM USE	8	17	728.14	42.83	.850	91.02	36.41
CROSSOVERS/ALL OTH OUTPTNT	5	171	3,209.21	18.77	8.550	641.84	160.46
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 899
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20	299 \$	30,588.58	\$ 102.30	14.950 \$ 1529.43	\$ 1529.43
COMM HOSP INPATIENT TOTAL	4	9	23,553.15	2617.02	.450 5888.29	1177.66
HSC HOSPITALS	1	3	3,630.00	1210.00	.150 3630.00	181.50
NON-HSC HOSPITALS TOTAL	3	6	19,923.15	3320.53	.300 6641.05	996.16
ACCOMMODATIONS	3	6	3,614.74	602.46	.300 1204.91	180.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	.00

ALL OTHER ACCOM	3	6	3,614.74	602.46	.300	1204.91	180.74
ANCILLARIES	3	0	16,308.41	.00	.000	5436.14	815.42
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17	290	7,035.43	24.26	14.500	413.85	351.77
MEDICAL	6	16	446.71	27.92	.800	74.45	22.34
SURGERY	1	1	135.30	135.30	.050	135.30	6.77
PATHOLOGY	10	67	835.70	12.47	3.350	83.57	41.79
RADIOLOGY	7	18	1,680.37	93.35	.900	240.05	84.02
ROOM USE	8	17	728.14	42.83	.850	91.02	36.41
CROSSOVERS/ALL OTH OUTPTNT	5	171	3,209.21	18.77	8.550	641.84	160.46
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	23	350.21	15.23	1.150	87.55	17.51
PATHOLOGY	4	23	350.21	15.23	1.150	87.55	17.51
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	15	2,764.12	184.27	.750	307.12	138.21
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	15	2,764.12	184.27	.750	307.12	138.21

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 900
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 901
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES 0R 0T 0U 0V	

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8	24	\$ 757.18	\$ 31.55	.727	\$ 94.65	\$ 22.94
@PHYSICIANS SERVICES	8	9	\$ 218.44	\$ 24.27	.273	\$ 27.31	\$ 6.62
OUTPATIENT VISITS	4	4	96.00	24.00	.121	24.00	2.91
OFFICE VISITS	4	4	96.00	24.00	.121	24.00	2.91
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	55.85	27.93	.061	55.85	1.69
PRINCIPAL SURGEON	1	2	55.85	27.93	.061	55.85	1.69
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	3	66.59	22.20	.091	22.20	2.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 902 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 AMADOR COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V							
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	12	\$ 227.06	\$ 18.92	.364	\$ 75.69	\$ 6.88
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	12	227.06	18.92	.364	75.69	6.88
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	9	81.46	9.05	.273	27.15	2.47
RADIOLOGY	2	3	145.60	48.53	.091	72.80	4.41
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 903
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	12	\$ 227.06	\$ 18.92	.364	\$ 75.69	\$ 6.88
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	12	227.06	18.92	.364	75.69	6.88
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	9	81.46	9.05	.273	27.15	2.47
RADIOLOGY	2	3	145.60	48.53	.091	72.80	4.41
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 904
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	3	\$ 311.68	\$ 103.89	.091	\$ 155.84	\$ 9.44
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	311.68	103.89	.091	155.84	9.44
PROSTHETICS	2	3	311.68	103.89	.091	155.84	9.44
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 905
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	46	956	\$ 59,048.05	\$ 61.77	18.038	\$ 1283.65	\$ 1114.11
@PHYSICIANS SERVICES	35	547	\$ 19,510.44	\$ 35.67	10.321	\$ 557.44	\$ 368.12
OUTPATIENT VISITS	23	44	1,244.28	28.28	.830	54.10	23.48
OFFICE VISITS	23	44	1,244.28	28.28	.830	54.10	23.48
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	2	111.00	55.50	.038	111.00	2.09
HOSPITAL VISITS	1	2	111.00	55.50	.038	111.00	2.09
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	42	1,614.91	38.45	.792	538.30	30.47
PRINCIPAL SURGEON	2	2	1,011.91	505.96	.038	505.96	19.09
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	40	603.00	15.08	.755	301.50	11.38
OUTPATIENT SURGERY	4	11	996.33	90.58	.208	249.08	18.80
PRINCIPAL SURGEON	4	6	888.31	148.05	.113	222.08	16.76
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	108.02	21.60	.094	108.02	2.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	24	785.50	32.73	.453	98.19	14.82

RADIOLOGY	13	26		1,016.80		39.11	.491	78.22	19.18
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	358		12,921.87		36.09	6.755	2153.65	243.81
OTHER SERVICES/ALL X-OVERS	8	40		819.75		20.49	.755	102.47	15.47
@PHARMACY	22	57	\$	5,295.96	\$	92.91	1.075	240.73	99.92
PRESCRIPTION DRUGS	22	54		4,984.28		92.30	1.019	226.56	94.04
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	22	54		4,984.28		92.30	1.019	226.56	94.04
MEDICAL SUPPLIES	1	3		311.68		103.89	.057	311.68	5.88
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 906
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	23	311	\$ 30,815.64	\$ 99.09	5.868	\$ 1339.81	\$ 581.43
HOSP INPATIENT TOTAL	4	9	23,553.15	2617.02	.170	5888.29	444.40
HSC HOSPITALS	1	3	3,630.00	1210.00	.057	3630.00	68.49
NON-HSC HOSPITAL TOTAL	3	6	19,923.15	3320.53	.113	6641.05	375.91
ACCOMMODATIONS	3	6	3,614.74	602.46	.113	1204.91	68.20
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	6	3,614.74	602.46	.113	1204.91	68.20
ANCILLARIES	3	0	16,308.41	.00	.000	5436.14	307.71
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	20	302	7,262.49	24.05	5.698	363.12	137.03
MEDICAL	6	16	446.71	27.92	.302	74.45	8.43

SURGERY	1	1	135.30	135.30	.019	135.30	2.55
PATHOLOGY	13	76	917.16	12.07	1.434	70.55	17.30
RADIOLOGY	9	21	1,825.97	86.95	.396	202.89	34.45
ROOM USE	8	17	728.14	42.83	.321	91.02	13.74
CROSSOVERS/ALL OTH OUTPTNT	5	171	3,209.21	18.77	3.226	641.84	60.55
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 907
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	311	\$ 30,815.64	\$ 99.09	5.868	\$ 1339.81	\$ 581.43
COMM HOSP INPATIENT TOTAL	4	9	23,553.15	2617.02	.170	5888.29	444.40
HSC HOSPITALS	1	3	3,630.00	1210.00	.057	3630.00	68.49
NON-HSC HOSPITALS TOTAL	3	6	19,923.15	3320.53	.113	6641.05	375.91
ACCOMMODATIONS	3	6	3,614.74	602.46	.113	1204.91	68.20
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	6	3,614.74	602.46	.113	1204.91	68.20
ANCILLARIES	3	0	16,308.41	.00	.000	5436.14	307.71
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	20	302	7,262.49	24.05	5.698	363.12	137.03
MEDICAL	6	16	446.71	27.92	.302	74.45	8.43
SURGERY	1	1	135.30	135.30	.019	135.30	2.55
PATHOLOGY	13	76	917.16	12.07	1.434	70.55	17.30
RADIOLOGY	9	21	1,825.97	86.95	.396	202.89	34.45
ROOM USE	8	17	728.14	42.83	.321	91.02	13.74
CROSSOVERS/ALL OTH OUTPTNT	5	171	3,209.21	18.77	3.226	641.84	60.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	4	23	\$	350.21	\$	15.23	.434	\$ 87.55	\$ 6.61
PATHOLOGY	4	23		350.21		15.23	.434	87.55	6.61
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	15	\$	2,764.12	\$	184.27	.283	\$ 307.12	\$ 52.15
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	9	15		2,764.12		184.27	.283	307.12	52.15

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 908
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	3	\$ 311.68	\$ 103.89	.057	\$ 155.84	\$ 5.88
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	311.68	103.89	.057	155.84	5.88
PROSTHETICS	2	3	311.68	103.89	.057	155.84	5.88
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 909
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@TOTAL, ALL PROVIDERS	9	9	\$	177.85	\$	19.76	.084	\$	19.76	\$	1.66
@PHYSICIANS SERVICES	6	6	\$	142.97	\$	23.83	.056	\$	23.83	\$	1.34
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	6		142.97	23.83	.056	23.83	1.34
@PHARMACY	0	0	\$	.00	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
AMADOR COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY							
				AID CODE 80				
				----- MONTHLY AVERAGE -----				
107 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	1	0 \$	12.56	\$.00	.000	\$ 12.56	\$.12	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	1	0	12.56	.00	.000	12.56	.12	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	1	1 \$	5.82	\$ 5.82	.009	\$ 5.82	\$.05	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	1	1	5.82	5.82	.009	5.82	.05	
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 911
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY						AID CODE 80

107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00

@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	1.14	\$	.00	.000	\$	.00	\$	.01
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		1.14		.00	.000		.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 912
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY										AID CODE 80

107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 15.36	\$ 7.68	.019	\$ 15.36	\$.14
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	15.36	7.68	.019	15.36	.14
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 9 9 \$ 176.71 \$ 19.63 .084 \$ 19.63 \$ 1.65

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 913
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

401 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	159	772	\$ 32,727.43	\$ 42.39	1.925	\$ 205.83	\$ 81.61
@PHYSICIANS SERVICES	41	101	\$ 4,339.50	\$ 42.97	.252	\$ 105.84	\$ 10.82
OUTPATIENT VISITS	30	34	1,164.78	34.26	.085	38.83	2.90
OFFICE VISITS	27	31	1,054.72	34.02	.077	39.06	2.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.002	44.60	.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	65.46	32.73	.005	32.73	.16
INPATIENT VISITS	3	18	892.23	49.57	.045	297.41	2.23
HOSPITAL VISITS	3	18	892.23	49.57	.045	297.41	2.23
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	3	325.53	108.51	.007	162.77	.81
PRINCIPAL SURGEON	1	1	234.18	234.18	.002	234.18	.58
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2	91.35	45.68	.005	91.35	.23
OUTPATIENT SURGERY	6	16	1,362.78	85.17	.040	227.13	3.40
PRINCIPAL SURGEON	5	9	1,201.38	133.49	.022	240.28	3.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	161.40	23.06	.017	161.40	.40
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	213.58	53.40	.010	213.58	.53
RADIOLOGY	8	9	252.52	28.06	.022	31.57	.63
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	17	128.08	7.53	.042	42.69	.32
@PHARMACY	71	137	\$ 4,483.12	\$ 32.72	.342	\$ 63.14	\$ 11.18
PRESCRIPTION DRUGS	71	137	4,483.92	32.73	.342	63.15	11.18
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	71	137	4,483.92	32.73	.342	63.15	11.18
MEDICAL SUPPLIES	0	0	.80CR	.00	.000	.00	.00
@DENTIST	6	33	\$ 1,259.00	\$ 38.15	.082	\$ 209.83	\$ 3.14
VISITS - DIAGNOSTIC	4	17	278.00	16.35	.042	69.50	.69
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	4	284.00	71.00	.010	142.00	.71
RESTORATIVE DENTISTRY	4	12	697.00	58.08	.030	174.25	1.74
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 914
01/29/04

401 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER		
@OPTOMETRIST	1	1	\$ 47.45	\$ 47.45	.002	\$ 47.45		\$.12
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45		.12
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00		\$.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00		\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00

RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	0	0		.00		.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	.00	.00
@TOTAL HOSPITAL	57	161	\$	9,713.06	\$	.401	170.40	24.22
HOSP INPATIENT TOTAL	2	3		4,563.40		.007	2281.70	11.38
HSC HOSPITALS	1	2		2,420.00		.005	2420.00	6.03
NON-HSC HOSPITAL TOTAL	1	1		2,143.40		.002	2143.40	5.35
ACCOMMODATIONS	1	1		545.85		.002	545.85	1.36
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	1	1		545.85		.002	545.85	1.36
ANCILLARIES	1	0		1,597.55		.000	1597.55	3.98
INPATIENT CROSSOVERS	0	0		.00		.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	56	158		5,149.66		.394	91.96	12.84
MEDICAL	38	65		2,281.27		.162	60.03	5.69
SURGERY	3	3		169.25		.007	56.42	.42
PATHOLOGY	13	29		259.20		.072	19.94	.65
RADIOLOGY	7	9		759.04		.022	108.43	1.89
ROOM USE	30	35		1,514.33		.087	50.48	3.78
CROSSOVERS/ALL OTH OUTPTNT	13	17		166.57		.042	12.81	.42
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000	.00	.00
HSC HOSPITALS	0	0		.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000	.00	.00
ACCOMMODATIONS	0	0		.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.000	.00	.00
ANCILLARIES	0	0		.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000	.00	.00
MEDICAL	0	0		.00		.000	.00	.00
SURGERY	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	0	0		.00		.000	.00	.00
ROOM USE	0	0		.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 915
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

401 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	57	161	\$ 9,713.06	\$ 60.33	.401	\$ 170.40	\$ 24.22
COMM HOSP INPATIENT TOTAL	2	3	4,563.40	1521.13	.007	2281.70	11.38
HSC HOSPITALS	1	2	2,420.00	1210.00	.005	2420.00	6.03
NON-HSC HOSPITALS TOTAL	1	1	2,143.40	2143.40	.002	2143.40	5.35
ACCOMMODATIONS	1	1	545.85	545.85	.002	545.85	1.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	545.85	545.85	.002	545.85	1.36
ANCILLARIES	1	0	1,597.55	.00	.000	1597.55	3.98
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	56	158		5,149.66	32.59	.394	91.96	12.84
MEDICAL	38	65		2,281.27	35.10	.162	60.03	5.69
SURGERY	3	3		169.25	56.42	.007	56.42	.42
PATHOLOGY	13	29		259.20	8.94	.072	19.94	.65
RADIOLOGY	7	9		759.04	84.34	.022	108.43	1.89
ROOM USE	30	35		1,514.33	43.27	.087	50.48	3.78
CROSSOVERS/ALL OTH OUTPTNT	13	17		166.57	9.80	.042	12.81	.42
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	37	61	\$	9,921.63	\$ 162.65	.152	\$ 268.15	\$ 24.74
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	8		274.34	34.29	.020	274.34	.68
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	36	53		9,647.29	182.02	.132	267.98	24.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 916
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

401 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	278	\$ 2,963.67	\$ 10.66	.693	\$ 246.97	\$ 7.39
DURABLE MED. EQUIP.	1	1	96.98	96.98	.002	96.98	.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	277	2,866.69	10.35	.691	260.61	7.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 917
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

764 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	252	1,133	\$ 44,031.45	\$ 38.86	1.483	\$ 174.73	\$ 57.63
@PHYSICIANS SERVICES	54	90	\$ 5,784.00	\$ 64.27	.118	\$ 107.11	\$ 7.57
OUTPATIENT VISITS	33	40	1,660.76	41.52	.052	50.33	2.17
OFFICE VISITS	27	34	1,201.13	35.33	.045	44.49	1.57
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.001	44.60	.06
PREVENTIVE CARE	1	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	293.51	146.76	.003	146.76	.38
OTHER OUTPATIENT	2	3	121.52	40.51	.004	60.76	.16
INPATIENT VISITS	1	2	83.57	41.79	.003	83.57	.11
HOSPITAL VISITS	1	2	83.57	41.79	.003	83.57	.11
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	2,177.12	1088.56	.003	1088.56	2.85
PRINCIPAL SURGEON	2	2	2,177.12	1088.56	.003	1088.56	2.85
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	14	776.82	55.49	.018	194.21	1.02
PRINCIPAL SURGEON	2	3	574.09	191.36	.004	287.05	.75
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	11	202.73	18.43	.014	101.37	.27
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	12	288.77	24.06	.016	48.13	.38
RADIOLOGY	15	19	696.38	36.65	.025	46.43	.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	1	100.58	100.58	.001	50.29	.13
@PHARMACY	90	191	\$ 9,748.22	\$ 51.04	.250	\$ 108.31	\$ 12.76
PRESCRIPTION DRUGS	88	176	8,913.14	50.64	.230	101.29	11.67
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	88	176	8,913.14	50.64	.230	101.29	11.67
MEDICAL SUPPLIES	6	15	835.08	55.67	.020	139.18	1.09
@DENTIST	16	84	\$ 2,241.00	\$ 26.68	.110	\$ 140.06	\$ 2.93
VISITS - DIAGNOSTIC	15	60	914.00	15.23	.079	60.93	1.20
ORAL SURGERY	4	18	1,054.00	58.56	.024	263.50	1.38
DRUGS	3	3	30.00	10.00	.004	10.00	.04
ANESTHESIA	2	2	200.00	100.00	.003	100.00	.26

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	43.00	43.00	.001	43.00	.06
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 918
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						
	AID CODES 7A 7C 8R 8T						
	----- MONTHLY AVERAGE -----						
764 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	31 \$	638.91	\$ 20.61	.041	\$ 45.64	\$.84
DIAGNOSTIC AND ANC. PROCED	6	6	284.70	47.45	.008	47.45	.37
EYE APPLIANCES	9	24	342.80	14.28	.031	38.09	.45
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.001	11.41	.01
@CHIROPRACTOR	1	1 \$	16.72	\$ 16.72	.001	\$ 16.72	\$.02
VISITS	1	1	16.72	16.72	.001	16.72	.02
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1 \$	32.02	\$ 32.02	.001	\$ 32.02	\$.04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	1	1	32.02	32.02	.001	32.02	.04
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	12 \$	208.28	\$ 17.36	.016	\$ 208.28	\$.27
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	50	207 \$	11,181.29	\$ 54.02	.271	\$ 223.63	\$ 14.64
HOSP INPATIENT TOTAL	2	5	4,715.90	943.18	.007	2357.95	6.17
HSC HOSPITALS	1	1	1,420.01	1420.01	.001	1420.01	1.86
NON-HSC HOSPITAL TOTAL	1	4	3,295.89	823.97	.005	3295.89	4.31
ACCOMMODATIONS	1	4	1,976.00	494.00	.005	1976.00	2.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,976.00	494.00	.005	1976.00	2.59
ANCILLARIES	1	0	1,319.89	.00	.000	1319.89	1.73
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	49	202	6,465.39	32.01	.264	131.95	8.46
MEDICAL	23	41	1,950.50	47.57	.054	84.80	2.55
SURGERY	2	3	213.20	71.07	.004	106.60	.28
PATHOLOGY	20	77	976.52	12.68	.101	48.83	1.28
RADIOLOGY	16	21	1,686.77	80.32	.027	105.42	2.21
ROOM USE	28	36	1,409.85	39.16	.047	50.35	1.85
CROSSOVERS/ALL OTH OUTPTNT	15	24	228.55	9.52	.031	15.24	.30
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 919
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	764 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	50	207	\$	11,181.29	\$ 54.02	.271	\$ 223.63	\$ 14.64

COMM HOSP INPATIENT TOTAL	2	5		4,715.90	943.18	.007	2357.95	6.17
HSC HOSPITALS	1	1		1,420.01	1420.01	.001	1420.01	1.86
NON-HSC HOSPITALS TOTAL	1	4		3,295.89	823.97	.005	3295.89	4.31
ACCOMMODATIONS	1	4		1,976.00	494.00	.005	1976.00	2.59
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4		1,976.00	494.00	.005	1976.00	2.59
ANCILLARIES	1	0		1,319.89	.00	.000	1319.89	1.73
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	49	202		6,465.39	32.01	.264	131.95	8.46
MEDICAL	23	41		1,950.50	47.57	.054	84.80	2.55
SURGERY	2	3		213.20	71.07	.004	106.60	.28
PATHOLOGY	20	77		976.52	12.68	.101	48.83	1.28
RADIOLOGY	16	21		1,686.77	80.32	.027	105.42	2.21
ROOM USE	28	36		1,409.85	39.16	.047	50.35	1.85
CROSSOVERS/ALL OTH OUTPTNT	15	24		228.55	9.52	.031	15.24	.30
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	31	\$	555.76	\$ 17.93	.041	\$ 92.63	\$.73
PATHOLOGY	6	31		555.76	17.93	.041	92.63	.73
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	44	68	\$	9,822.41	\$ 144.45	.089	\$ 223.24	\$ 12.86
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	44	68		9,822.41	144.45	.089	223.24	12.86

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 100% PROGRAM

AID CODES 7A 7C 8R 8T

PAGE 920 01/29/04

764 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	MONTHLY AVERAGE			
					AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	63	417	\$	3,802.84	\$ 9.12	.546	\$ 60.36	\$ 4.98
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	22	183.04	8.32	.029	16.64	.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	53	394	3,514.80	8.92	.516	66.32	4.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	45	\$ 3,159.54	\$ 70.21	.059	\$ 394.94	\$ 4.14
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 921
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	111	223	\$ 9,950.41	\$ 44.62	.000	\$ 89.64	\$.00
@PHYSICIANS SERVICES	60	83	\$ 5,634.87	\$ 67.89	.000	\$ 93.91	\$.00
OUTPATIENT VISITS	50	67	5,220.11	77.91	.000	104.40	.00
OFFICE VISITS	27	27	453.14	16.78	.000	16.78	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	31	40	4,766.97	119.17	.000	153.77	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	9.12	9.12	.000	9.12	.00
PRINCIPAL SURGEON	1	1	9.12	9.12	.000	9.12	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	9	91.18	10.13	.000	10.13	.00
RADIOLOGY	6	6	314.46	52.41	.000	52.41	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00

@PHARMACY	4	5	\$	235.24	\$	47.05	.000	\$	58.81	\$	.00
PRESCRIPTION DRUGS	4	5		235.24		47.05	.000		58.81		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	4	5		235.24		47.05	.000		58.81		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 922
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.000		.00
EYE APPLIANCES	0	0		.00	.000		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.000		.00
@CHIROPRACTOR	0	0	\$	.00	.000	\$	.00
VISITS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
@PODIATRIST	0	0	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.000		.00
SURGERY/ANES.	0	0		.00	.000		.00
RADIO./PATHOLOGY	0	0		.00	.000		.00
OTHER	0	0		.00	.000		.00
@HOME HEALTH AGENCY	0	0	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	7	8	\$	454.63	.000	\$	64.95
HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
HOSP OUTPATIENT TOTAL	7	8		454.63	.000		64.95
MEDICAL	0	0		.00	.000		.00
SURGERY	0	0		.00	.000		.00
PATHOLOGY	2	2		28.18	.000		14.09
RADIOLOGY	5	5		392.59	.000		78.52
ROOM USE	1	1		33.86	.000		33.86

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 923
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	8	\$ 454.63	\$ 56.83	.000	\$ 64.95	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	8	454.63	56.83	.000	64.95	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	28.18	14.09	.000	14.09	.00
RADIOLOGY	5	5	392.59	78.52	.000	78.52	.00
ROOM USE	1	1	33.86	33.86	.000	33.86	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00	
@LABORATORY FACILITY	46	122	\$	3,100.67	\$	25.42	.000	\$	67.41	\$	.00
PATHOLOGY	46	122		3,100.67		25.42	.000		67.41		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00	
SURGICENTER	0	0		.00		.00	.000		.00		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE	924
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04	
AMADOR COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G											
							----- MONTHLY AVERAGE -----					
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER			

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	\$	525.00	\$ 105.00	.000	\$ 105.00 \$.00
DURABLE MED. EQUIP.	0		.00	.00	.000	.00 .00
BLOOD BANK	0		.00	.00	.000	.00 .00
HEARING AID DISPENSERS	0		.00	.00	.000	.00 .00
MEDICAL TRANSPORTATION	0		.00	.00	.000	.00 .00
AMBULANCES/AIR TRANS	0		.00	.00	.000	.00 .00
OTHER TRANS	0		.00	.00	.000	.00 .00
OTHER SERVICES	0		.00	.00	.000	.00 .00
ACUPUNCTURE	0		.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	0		.00	.00	.000	.00 .00
GENETIC DISEASE TESTING	5		525.00	105.00	.000	105.00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0		.00	.00	.000	.00 .00
OPTICIAN	0		.00	.00	.000	.00 .00
PHYSICAL THERAPIST	0		.00	.00	.000	.00 .00
PORTABLE X-RAY	0		.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	0		.00	.00	.000	.00 .00
PROSTHETICS	0		.00	.00	.000	.00 .00
ORTHOTICS	0		.00	.00	.000	.00 .00
PSYCHOLOGIST	0		.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	0		.00	.00	.000	.00 .00
HOSPICE SERVICES	0		.00	.00	.000	.00 .00
NONINST BIRTHING CENTERS	0		.00	.00	.000	.00 .00
LOCAL EDUCATION AGENCIES	0		.00	.00	.000	.00 .00
EPSDT SUPPLEMENTAL SERVICE	0		.00	.00	.000	.00 .00
RESPIRATORY CARE PRACT.	0		.00	.00	.000	.00 .00
PED SUBACUTE REHAB/WEANING	0		.00	.00	.000	.00 .00
ALL OTHER PROVIDERS	0		.00	.00	.000	.00 .00
@CALIF. CHILDREN SERVICES*	0	\$	.00	\$.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	\$	.00	\$.00	.000	\$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 925
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 926
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 927
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

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01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

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01/29/04

	56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		49	300	\$ 27,292.20	\$ 90.97	5.357	\$ 556.98	\$ 487.36
@PHYSICIANS SERVICES		30	148	\$ 7,576.18	\$ 51.19	2.643	\$ 252.54	\$ 135.29
OUTPATIENT VISITS		9	14	1,211.67	86.55	.250	134.63	21.64
OFFICE VISITS		4	5	231.32	46.26	.089	57.83	4.13
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		7	9	980.35	108.93	.161	140.05	17.51
OTHER OUTPATIENT		0	0	.00	.00	.000	.00	.00
INPATIENT VISITS		2	4	167.14	41.79	.071	83.57	2.98

HOSPITAL VISITS	2	4	167.14	41.79	.071	83.57	2.98
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	39	2,996.81	76.84	.696	499.47	53.51
PRINCIPAL SURGEON	2	2	2,177.24	1088.62	.036	1088.62	38.88
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	37	819.57	22.15	.661	204.89	14.64
OUTPATIENT SURGERY	9	19	1,966.15	103.48	.339	218.46	35.11
PRINCIPAL SURGEON	9	13	1,731.22	133.17	.232	192.36	30.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	6	234.93	39.16	.107	39.16	4.20
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	19	80.14	4.22	.339	11.45	1.43
RADIOLOGY	11	13	773.56	59.50	.232	70.32	13.81
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	33	247.21	7.49	.589	20.60	4.41
OTHER SERVICES/ALL X-OVERS	2	7	133.50	19.07	.125	66.75	2.38
@PHARMACY	16	29	\$ 688.72	\$ 23.75	.518	\$ 43.05	\$ 12.30
PRESCRIPTION DRUGS	16	29	688.72	23.75	.518	43.05	12.30
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	16	29	688.72	23.75	.518	43.05	12.30
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	15	68	\$	17,318.07	\$	254.68	1.214	\$	1154.54	\$	309.25	
HOSP INPATIENT TOTAL	4	17		15,972.23		939.54	.304		3993.06		285.22	
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00	
NON-HSC HOSPITAL TOTAL	4	17		15,972.23		939.54	.304		3993.06		285.22	
ACCOMMODATIONS	4	17		6,980.90		410.64	.304		1745.23		124.66	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	4	17		6,980.90		410.64	.304		1745.23		124.66	
ANCILLARIES	4	0		8,991.33		.00	.000		2247.83		160.56	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	13	51		1,345.84		26.39	.911		103.53		24.03	
MEDICAL	2	3		63.34		21.11	.054		31.67		1.13	
SURGERY	2	3		89.14		29.71	.054		44.57		1.59	
PATHOLOGY	6	16		204.36		12.77	.286		34.06		3.65	
RADIOLOGY	4	4		319.63		79.91	.071		79.91		5.71	
ROOM USE	5	9		477.64		53.07	.161		95.53		8.53	
CROSSOVERS/ALL OTH OUTPTNT	6	16		191.73		11.98	.286		31.96		3.42	
@COUNTY HOSPITAL TOTAL	2	19	\$	499.81	\$	26.31	.339	\$	249.91	\$	8.93	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	0	0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	2	19		499.81		26.31	.339		249.91		8.93	
MEDICAL	0	0		.00		.00	.000		.00		.00	
SURGERY	1	2		56.67		28.34	.036		56.67		1.01	
PATHOLOGY	1	7		130.57		18.65	.125		130.57		2.33	
RADIOLOGY	0	0		.00		.00	.000		.00		.00	
ROOM USE	1	4		243.61		60.90	.071		243.61		4.35	
CROSSOVERS/ALL OTH OUTPTNT	2	6		68.96		11.49	.107		34.48		1.23	
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MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N											

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	49	\$ 16,818.26	\$ 343.23	.875	\$ 1293.71	\$ 300.33
COMM HOSP INPATIENT TOTAL	4	17	15,972.23	939.54	.304	3993.06	285.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	17	15,972.23	939.54	.304	3993.06	285.22
ACCOMMODATIONS	4	17	6,980.90	410.64	.304	1745.23	124.66
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	17	6,980.90	410.64	.304	1745.23	124.66
ANCILLARIES	4	0	8,991.33	.00	.000	2247.83	160.56
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	32	846.03	26.44	.571	76.91	15.11
MEDICAL	2	3	63.34	21.11	.054	31.67	1.13
SURGERY	1	1	32.47	32.47	.018	32.47	.58
PATHOLOGY	5	9	73.79	8.20	.161	14.76	1.32

RADIOLOGY	4	4		319.63		79.91	.071	79.91	5.71
ROOM USE	4	5		234.03		46.81	.089	58.51	4.18
CROSSOVERS/ALL OTH OUTPTNT	4	10		122.77		12.28	.179	30.69	2.19
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	11	42	\$	582.81	\$	13.88	.750	52.98	10.41
PATHOLOGY	11	42		582.81		13.88	.750	52.98	10.41
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	10	\$	811.42	\$	81.14	.179	202.86	14.49
CLINIC	1	7		314.11		44.87	.125	314.11	5.61
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	3	3		497.31		165.77	.054	165.77	8.88
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SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N									
56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE		
					UNITS/DAYS PER ELIG	COST PER USER			
@ALL OTHER PROVIDERS	3	3	\$ 315.00	\$ 105.00	.054	\$ 105.00	\$ 5.63		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00		
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00		
OTHER TRANS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	3	3	315.00	105.00	.054	105.00	5.63		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	0	0	.00	.00	.000	.00	.00		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00		
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 933
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38	

365 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	266	942	\$ 51,073.10	\$ 54.22	2.581	\$ 192.00	\$ 139.93
@PHYSICIANS SERVICES	59	79	\$ 4,022.33	\$ 50.92	.216	\$ 68.18	\$ 11.02
OUTPATIENT VISITS	38	42	1,647.55	39.23	.115	43.36	4.51
OFFICE VISITS	27	28	897.39	32.05	.077	33.24	2.46
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	13	717.43	55.19	.036	71.74	1.97
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	32.73	32.73	.003	32.73	.09
INPATIENT VISITS	2	6	254.05	42.34	.016	127.03	.70
HOSPITAL VISITS	2	6	254.05	42.34	.016	127.03	.70
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	65.65	32.83	.005	65.65	.18
EXAMINATIONS	1	2	65.65	32.83	.005	65.65	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	3	1,355.85	451.95	.008	451.95	3.71
PRINCIPAL SURGEON	3	3	1,355.85	451.95	.008	451.95	3.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	4	316.78	79.20	.011	105.59	.87
PRINCIPAL SURGEON	3	4	309.08	77.27	.011	103.03	.85
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	7.70	.00	.000	.00	.02
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	16.39	5.46	.008	5.46	.04
RADIOLOGY	15	17	287.71	16.92	.047	19.18	.79
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	78.35	39.18	.005	39.18	.21
@PHARMACY	145	294	\$ 14,212.50	\$ 48.34	.805	\$ 98.02	\$ 38.94
PRESCRIPTION DRUGS	144	290	14,032.87	48.39	.795	97.45	38.45
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	144	290	14,032.87	48.39	.795	97.45	38.45
MEDICAL SUPPLIES	2	4	179.63	44.91	.011	89.82	.49
@DENTIST	13	48	\$ 2,772.00	\$ 57.75	.132	\$ 213.23	\$ 7.59
VISITS - DIAGNOSTIC	5	24	426.00	17.75	.066	85.20	1.17
ORAL SURGERY	2	6	623.00	103.83	.016	311.50	1.71
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	5	687.00	137.40	.014	343.50	1.88
RESTORATIVE DENTISTRY	4	12	966.00	80.50	.033	241.50	2.65
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	70.00	70.00	.003	70.00	.19
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES

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365 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	8	\$ 280.10	\$ 35.01	.022	\$ 56.02	\$.77
DIAGNOSTIC AND ANC. PROCED	5	5	237.25	47.45	.014	47.45	.65
EYE APPLIANCES	1	3	42.85	14.28	.008	42.85	.12
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	73	328	\$	16,578.63	\$	50.54	.899	\$	227.10	\$	45.42
HOSP INPATIENT TOTAL	2	7		7,715.21		1102.17	.019		3857.61		21.14
HSC HOSPITALS	1	3		3,030.03		1010.01	.008		3030.03		8.30
NON-HSC HOSPITAL TOTAL	1	4		4,685.18		1171.30	.011		4685.18		12.84
ACCOMMODATIONS	1	4		2,523.04		630.76	.011		2523.04		6.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		2,523.04		630.76	.011		2523.04		6.91
ANCILLARIES	1	0		2,162.14		.00	.000		2162.14		5.92
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	73	321		8,863.42		27.61	.879		121.42		24.28
MEDICAL	42	75		3,408.81		45.45	.205		81.16		9.34
SURGERY	2	2		108.34		54.17	.005		54.17		.30
PATHOLOGY	21	96		949.40		9.89	.263		45.21		2.60
RADIOLOGY	15	19		844.00		44.42	.052		56.27		2.31
ROOM USE	50	72		2,689.34		37.35	.197		53.79		7.37
CROSSOVERS/ALL OTH OUTPTNT	19	57		863.53		15.15	.156		45.45		2.37
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 935
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	365 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	73	328	\$	16,578.63	\$ 50.54	.899	227.10	\$ 45.42
COMM HOSP INPATIENT TOTAL	2	7		7,715.21	1102.17	.019	3857.61	21.14
HSC HOSPITALS	1	3		3,030.03	1010.01	.008	3030.03	8.30
NON-HSC HOSPITALS TOTAL	1	4		4,685.18	1171.30	.011	4685.18	12.84
ACCOMMODATIONS	1	4		2,523.04	630.76	.011	2523.04	6.91

ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	1	4		2,523.04	630.76	.011	2523.04	6.91
ANCILLARIES	1	0		2,162.14	.00	.000	2162.14	5.92
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	73	321		8,863.42	27.61	.879	121.42	24.28
MEDICAL	42	75		3,408.81	45.45	.205	81.16	9.34
SURGERY	2	2		108.34	54.17	.005	54.17	.30
PATHOLOGY	21	96		949.40	9.89	.263	45.21	2.60
RADIOLOGY	15	19		844.00	44.42	.052	56.27	2.31
ROOM USE	50	72		2,689.34	37.35	.197	53.79	7.37
CROSSOVERS/ALL OTH OUTPTNT	19	57		863.53	15.15	.156	45.45	2.37
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	8	15	\$	231.98	\$	.041	\$	.64
PATHOLOGY	8	15		231.98	15.47	.041	29.00	.64
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	48	80	\$	11,723.88	\$	.219	\$	32.12
CLINIC	4	12		252.28	21.02	.033	63.07	.69
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	44	68		11,471.60	168.70	.186	260.72	31.43

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 936
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

365 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	21	90	\$ 1,251.68	\$ 13.91	.247	\$ 59.60	\$ 3.43	
DURABLE MED. EQUIP.	2	2	115.35	57.68	.005	57.68	.32	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	1	1	118.20	118.20	.003	118.20	.32	
AMBULANCES/AIR TRANS	1	1	118.20	118.20	.003	118.20	.32	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	

OPTICIAN	3	6	52.40	8.73	.016	17.47	.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	149.92	74.96	.005	149.92	.41
PROSTHETICS	1	2	149.92	74.96	.005	149.92	.41
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	79	815.81	10.33	.216	58.27	2.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	4	\$ 170.72	\$ 42.68	.011	\$ 170.72	\$.47
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 937
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25	136	\$ 16,416.46	\$ 120.71	3.487	\$ 656.66	\$ 420.93
@PHYSICIANS SERVICES	8	25	\$ 6,521.54	\$ 260.86	.641	\$ 815.19	\$ 167.22
OUTPATIENT VISITS	5	6	233.88	38.98	.154	46.78	6.00
OFFICE VISITS	5	6	233.88	38.98	.154	46.78	6.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	9	416.14	46.24	.231	138.71	10.67
PRINCIPAL SURGEON	3	3	294.11	98.04	.077	98.04	7.54
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	122.03	20.34	.154	122.03	3.13
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.026	48.20	1.24
RADIOLOGY	4	7	5,808.02	829.72	.179	1452.01	148.92
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	15.30	7.65	.051	7.65	.39
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	24	52	\$ 7,267.53	\$ 139.76	1.333	\$ 302.81	\$ 186.35
PRESCRIPTION DRUGS	24	52	7,267.53	139.76	1.333	302.81	186.35
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	24	52	7,267.53	139.76	1.333	302.81	186.35

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000	.00	.00
ORAL SURGERY	0	0		.00		.000	.00	.00
DRUGS	0	0		.00		.000	.00	.00
ANESTHESIA	0	0		.00		.000	.00	.00
PERIODONTICS	0	0		.00		.000	.00	.00
ENDODONTICS	0	0		.00		.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.000	.00	.00
PROSTHETICS	0	0		.00		.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 938
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	39	\$ 861.60	\$ 22.09	1.000	\$ 107.70	\$ 22.09
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8	39	861.60	22.09	1.000	107.70	22.09
MEDICAL	1	1	63.52	63.52	.026	63.52	1.63
SURGERY	1	1	89.94	89.94	.026	89.94	2.31
PATHOLOGY	5	20	179.46	8.97	.513	35.89	4.60
RADIOLOGY	2	4	89.07	22.27	.103	44.54	2.28
ROOM USE	4	8	379.36	47.42	.205	94.84	9.73
CROSSOVERS/ALL OTH OUTPTNT	2	5	60.25	12.05	.128	30.13	1.54
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 939

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	8	39	\$ 861.60	\$ 22.09	1.000		\$ 107.70	\$ 22.09
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	8	39	861.60	22.09	1.000		107.70	22.09
MEDICAL	1	1	63.52	63.52	.026		63.52	1.63
SURGERY	1	1	89.94	89.94	.026		89.94	2.31
PATHOLOGY	5	20	179.46	8.97	.513		35.89	4.60
RADIOLOGY	2	4	89.07	22.27	.103		44.54	2.28
ROOM USE	4	8	379.36	47.42	.205		94.84	9.73
CROSSOVERS/ALL OTH OUTPTNT	2	5	60.25	12.05	.128		30.13	1.54
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000		\$.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	1	7	\$ 63.38	\$ 9.05	.179		\$ 63.38	\$ 1.63
PATHOLOGY	1	7	63.38	9.05	.179		63.38	1.63
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	7	\$ 1,453.32	\$ 207.62	.179		\$ 207.62	\$ 37.26
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	7	7	1,453.32	207.62	.179		207.62	37.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 940
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P							

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	3	6	\$ 249.09	\$ 41.52	.154		\$ 83.03	\$ 6.39
DURABLE MED. EQUIP.	2	5	239.26	47.85	.128		119.63	6.13
BLOOD BANK	0	0	.00	.00	.000		.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.83	9.83	.026	9.83	.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	18	\$ 6,146.84	\$ 341.49	.462	\$ 768.36	\$ 157.61
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 941
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED	AID CODE 1E	

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	23	399	\$ 38,941.41	\$ 97.60	44.333	\$ 1693.10	\$ 4326.82
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	21	89	\$	5,119.78	\$	57.53	9.889	\$ 243.80	\$ 568.86
PRESCRIPTION DRUGS	21	75		4,648.19		61.98	8.333	221.34	516.47
SNF/ICF	12	64		4,381.94		68.47	7.111	365.16	486.88
OUTPATIENTS	9	11		266.25		24.20	1.222	29.58	29.58
MEDICAL SUPPLIES	7	14		471.59		33.69	1.556	67.37	52.40
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
AMADOR COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED								
						AID CODE 1E			
----- MONTHLY AVERAGE -----									
09 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE				PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00	.00
EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 943
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E						

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	9	305	\$ 33,014.87	\$ 108.25	33.889	\$ 3668.32	\$ 3668.32
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	9	305	33,014.87	108.25	33.889	3668.32	3668.32
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	806.76	\$	161.35	.556	\$	268.92
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
AMADOR COUNTY

3 5 806.76
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

161.35 .556 268.92
AID CODE 1E

89.64
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01/29/04

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND

PAGE 945
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 946
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 947
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 948
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00
OPTICIAN	0	0		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00
PROSTHETICS	0	0		.00	.000	.00	.00
ORTHOTICS	0	0		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 949
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E		

115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	121	20,683	\$ 93,197.18	\$ 4.51	179.852	\$ 770.22	\$ 810.41
@PHYSICIANS SERVICES	20	219	\$ 2,677.76	\$ 12.23	1.904	\$ 133.89	\$ 23.28
OUTPATIENT VISITS	7	7	222.29	31.76	.061	31.76	1.93
OFFICE VISITS	6	6	192.29	32.05	.052	32.05	1.67

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.009	30.00	.26
INPATIENT VISITS	2	18	630.85	35.05	.157	315.43	5.49
HOSPITAL VISITS	2	17	603.35	35.49	.148	301.68	5.25
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.009	27.50	.24
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	151	427.09	2.83	1.313	213.55	3.71
PRINCIPAL SURGEON	1	1	236.41	236.41	.009	236.41	2.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	150	190.68	1.27	1.304	190.68	1.66
OUTPATIENT SURGERY	2	2	438.82	219.41	.017	219.41	3.82
PRINCIPAL SURGEON	2	2	438.82	219.41	.017	219.41	3.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.86	2.86	.009	2.86	.02
RADIOLOGY	5	11	156.31	14.21	.096	31.26	1.36
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	29	799.54	27.57	.252	79.95	6.95
@PHARMACY	90	356	\$ 33,148.23	\$ 93.11	3.096	\$ 368.31	\$ 288.25
PRESCRIPTION DRUGS	90	354	33,098.05	93.50	3.078	367.76	287.81
SNF/ICF	8	51	3,194.56	62.64	.443	399.32	27.78
OUTPATIENTS	82	303	29,903.49	98.69	2.635	364.68	260.03
MEDICAL SUPPLIES	1	2	50.18	25.09	.017	50.18	.44
@DENTIST	3	6	\$ 155.00	\$ 25.83	.052	\$ 51.67	\$ 1.35
VISITS - DIAGNOSTIC	3	5	110.00	22.00	.043	36.67	.96
ORAL SURGERY	1	1	45.00	45.00	.009	45.00	.39
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

PAGE 950

01/29/04

115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$ 58.86	\$ 29.43	.017	\$ 29.43	\$.51
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.009	47.45	.41
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.009	11.41	.10
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 11.64	\$ 5.82	.017	\$ 5.82	\$.10

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	11.64	5.82	.017	5.82	.10
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	13	89	\$ 27,081.84	\$ 304.29	.774	\$ 2083.22	\$ 235.49
HOSP INPATIENT TOTAL	3	16	25,363.73	1585.23	.139	8454.58	220.55
HSC HOSPITALS	1	1	1,210.00	1210.00	.009	1210.00	10.52
NON-HSC HOSPITAL TOTAL	2	15	23,313.73	1554.25	.130	11656.87	202.73
ACCOMMODATIONS	2	15	10,008.74	667.25	.130	5004.37	87.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	15	10,008.74	667.25	.130	5004.37	87.03
ANCILLARIES	2	0	13,304.99	.00	.000	6652.50	115.70
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	7.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	73	1,718.11	23.54	.635	156.19	14.94
MEDICAL	6	7	338.87	48.41	.061	56.48	2.95
SURGERY	1	1	124.04	124.04	.009	124.04	1.08
PATHOLOGY	5	31	250.89	8.09	.270	50.18	2.18
RADIOLOGY	2	2	66.49	33.25	.017	33.25	.58
ROOM USE	8	11	547.62	49.78	.096	68.45	4.76
CROSSOVERS/ALL OTH OUTPTNT	3	21	390.20	18.58	.183	130.07	3.39
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 951
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	89	\$ 27,081.84	\$ 304.29	.774	\$ 2083.22	\$ 235.49
COMM HOSP INPATIENT TOTAL	3	16	25,363.73	1585.23	.139	8454.58	220.55
HSC HOSPITALS	1	1	1,210.00	1210.00	.009	1210.00	10.52
NON-HSC HOSPITALS TOTAL	2	15	23,313.73	1554.25	.130	11656.87	202.73
ACCOMMODATIONS	2	15	10,008.74	667.25	.130	5004.37	87.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	15	10,008.74	667.25	.130	5004.37	87.03
ANCILLARIES	2	0	13,304.99	.00	.000	6652.50	115.70

INPATIENT CROSSOVERS	1	0		840.00	.00	.000	840.00	7.30
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	73		1,718.11	23.54	.635	156.19	14.94
MEDICAL	6	7		338.87	48.41	.061	56.48	2.95
SURGERY	1	1		124.04	124.04	.009	124.04	1.08
PATHOLOGY	5	31		250.89	8.09	.270	50.18	2.18
RADIOLOGY	2	2		66.49	33.25	.017	33.25	.58
ROOM USE	8	11		547.62	49.78	.096	68.45	4.76
CROSSOVERS/ALL OTH OUTPTNT	3	21		390.20	18.58	.183	130.07	3.39
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	6	184	\$	20,808.08	\$ 113.09	1.600	\$ 3468.01	\$ 180.94
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	6	184		20,808.08	113.09	1.600	3468.01	180.94
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	9	\$	122.22	\$ 13.58	.078	\$ 61.11	\$ 1.06
PATHOLOGY	2	9		122.22	13.58	.078	61.11	1.06
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	19	28	\$	4,210.28	\$ 150.37	.243	\$ 221.59	\$ 36.61
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	19	28		4,210.28	150.37	.243	221.59	36.61

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 952
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E 01/29/04

115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	26	19,788	\$ 4,923.27	\$.25	172.070	\$ 189.36	\$ 42.81
DURABLE MED. EQUIP.	1	3	188.79	62.93	.026	188.79	1.64
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	174	1,201.86	6.91	1.513	300.47	10.45
AMBULANCES/AIR TRANS	4	174	1,201.86	6.91	1.513	300.47	10.45
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.017	26.08	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	198		1,022.24	5.16	1.722	170.37	8.89
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	19,411		2,484.30	.13	168.791	155.27	21.60
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	11	32	\$	1,206.40	\$	37.70	.278	\$ 109.67

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 953
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

124 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	144	21,082	\$ 132,138.59	\$ 6.27	170.016	\$ 917.63	\$ 1065.63
@PHYSICIANS SERVICES	20	219	\$ 2,677.76	\$ 12.23	1.766	\$ 133.89	\$ 21.59
OUTPATIENT VISITS	7	7	222.29	31.76	.056	31.76	1.79
OFFICE VISITS	6	6	192.29	32.05	.048	32.05	1.55
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.008	30.00	.24
INPATIENT VISITS	2	18	630.85	35.05	.145	315.43	5.09
HOSPITAL VISITS	2	17	603.35	35.49	.137	301.68	4.87
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.008	27.50	.22
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	151	427.09	2.83	1.218	213.55	3.44
PRINCIPAL SURGEON	1	1	236.41	236.41	.008	236.41	1.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	150	190.68	1.27	1.210	190.68	1.54
OUTPATIENT SURGERY	2	2	438.82	219.41	.016	219.41	3.54
PRINCIPAL SURGEON	2	2	438.82	219.41	.016	219.41	3.54
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.86	2.86	.008	2.86	.02
RADIOLOGY	5	11	156.31	14.21	.089	31.26	1.26
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	29	799.54	27.57	.234	79.95	6.45
@PHARMACY	111	445	\$ 38,268.01	\$ 86.00	3.589	\$ 344.76	\$ 308.61
PRESCRIPTION DRUGS	111	429	37,746.24	87.99	3.460	340.06	304.41
SNF/ICF	20	115	7,576.50	65.88	.927	378.83	61.10
OUTPATIENTS	91	314	30,169.74	96.08	2.532	331.54	243.30
MEDICAL SUPPLIES	8	16	521.77	32.61	.129	65.22	4.21
@DENTIST	3	6	\$ 155.00	\$ 25.83	.048	\$ 51.67	\$ 1.25
VISITS - DIAGNOSTIC	3	5	110.00	22.00	.040	36.67	.89
ORAL SURGERY	1	1	45.00	45.00	.008	45.00	.36

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 954
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 AMADOR COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----

124 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$ 58.86	\$ 29.43	.016	\$ 29.43	\$.47
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.008	47.45	.38
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.008	11.41	.09
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 11.64	\$ 5.82	.016	\$ 5.82	\$.09
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	11.64	5.82	.016	5.82	.09
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	13	89	\$ 27,081.84	\$ 304.29	.718	\$ 2083.22	\$ 218.40
HOSP INPATIENT TOTAL	3	16	25,363.73	1585.23	.129	8454.58	204.55
HSC HOSPITALS	1	1	1,210.00	1210.00	.008	1210.00	9.76
NON-HSC HOSPITAL TOTAL	2	15	23,313.73	1554.25	.121	11656.87	188.01
ACCOMMODATIONS	2	15	10,008.74	667.25	.121	5004.37	80.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	15	10,008.74	667.25	.121	5004.37	80.72
ANCILLARIES	2	0	13,304.99	.00	.000	6652.50	107.30
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	6.77
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	73	1,718.11	23.54	.589	156.19	13.86
MEDICAL	6	7	338.87	48.41	.056	56.48	2.73
SURGERY	1	1	124.04	124.04	.008	124.04	1.00
PATHOLOGY	5	31	250.89	8.09	.250	50.18	2.02
RADIOLOGY	2	2	66.49	33.25	.016	33.25	.54
ROOM USE	8	11	547.62	49.78	.089	68.45	4.42
CROSSOVERS/ALL OTH OUTPTNT	3	21	390.20	18.58	.169	130.07	3.15
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 955
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----

124 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	89	\$	27,081.84	\$ 304.29	.718	\$ 2083.22	\$ 218.40
COMM HOSP INPATIENT TOTAL	3	16		25,363.73	1585.23	.129	8454.58	204.55
HSC HOSPITALS	1	1		1,210.00	1210.00	.008	1210.00	9.76
NON-HSC HOSPITALS TOTAL	2	15		23,313.73	1554.25	.121	11656.87	188.01
ACCOMMODATIONS	2	15		10,008.74	667.25	.121	5004.37	80.72
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	15		10,008.74	667.25	.121	5004.37	80.72
ANCILLARIES	2	0		13,304.99	.00	.000	6652.50	107.30
INPATIENT CROSSOVERS	1	0		840.00	.00	.000	840.00	6.77
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	73		1,718.11	23.54	.589	156.19	13.86
MEDICAL	6	7		338.87	48.41	.056	56.48	2.73
SURGERY	1	1		124.04	124.04	.008	124.04	1.00
PATHOLOGY	5	31		250.89	8.09	.250	50.18	2.02
RADIOLOGY	2	2		66.49	33.25	.016	33.25	.54
ROOM USE	8	11		547.62	49.78	.089	68.45	4.42
CROSSOVERS/ALL OTH OUTPTNT	3	21		390.20	18.58	.169	130.07	3.15
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	15	489	\$	53,822.95	\$ 110.07	3.944	\$ 3588.20	\$ 434.06
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	15	489		53,822.95	110.07	3.944	3588.20	434.06
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	9	\$	122.22	\$ 13.58	.073	\$ 61.11	\$.99
PATHOLOGY	2	9		122.22	13.58	.073	61.11	.99
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	22	33	\$	5,017.04	\$ 152.03	.266	\$ 228.05	\$ 40.46
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	22	33		5,017.04	152.03	.266	228.05	40.46

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 956
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

124 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	26	19,788	\$ 4,923.27	\$.25	159.581	\$ 189.36	\$ 39.70
DURABLE MED. EQUIP.	1	3	188.79	62.93	.024	188.79	1.52
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	174	1,201.86	6.91	1.403	300.47	9.69
AMBULANCES/AIR TRANS	4	174	1,201.86	6.91	1.403	300.47	9.69
OTHER TRANS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.016	26.08	.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	198	1,022.24	5.16	1.597	170.37	8.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	19,411	2,484.30	.13	156.540	155.27	20.03
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	11	32	1,206.40	\$ 37.70	.258	\$ 109.67	\$ 9.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 957
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
AMADOR COUNTY	SUMMARY OF SERVICES FOR	TOTAL CERTIFIED	

37,567 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22,447	386,067	\$ 13,803,722.12	\$ 35.75	10.277	\$ 614.95	\$ 367.44
@PHYSICIANS SERVICES	6,210	20,982	\$ 766,884.51	\$ 36.55	.559	\$ 123.49	\$ 20.41
OUTPATIENT VISITS	3,068	4,204	160,720.70	38.23	.112	52.39	4.28
OFFICE VISITS	2,572	3,368	109,193.07	32.42	.090	42.45	2.91
HOME VISITS	5	6	223.10	37.18	.000	44.62	.01
EMERGENCY ROOM	216	239	13,804.01	57.76	.006	63.91	.37
PREVENTIVE CARE	10	9	437.54	48.62	.000	43.75	.01
OB VISITS/COMPRE PERI	236	418	32,674.43	78.17	.011	138.45	.87
OTHER OUTPATIENT	141	164	4,388.55	26.76	.004	31.12	.12
INPATIENT VISITS	352	1,202	72,274.37	60.13	.032	205.32	1.92
HOSPITAL VISITS	281	930	41,837.04	44.99	.025	148.89	1.11
CRITICAL CARE	36	199	28,197.08	141.69	.005	783.25	.75
SNF/ICF/TRANS IP CARE	53	73	2,240.25	30.69	.002	42.27	.06
OPHTHALMOLOGICAL SERVICES	35	44	1,834.26	41.69	.001	52.41	.05
EXAMINATIONS	35	44	1,834.26	41.69	.001	52.41	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	325	3,686	211,645.50	57.42	.098	651.22	5.63
PRINCIPAL SURGEON	224	271	175,495.38	647.58	.007	783.46	4.67
ASSISTANT SURGEON	37	37	8,806.15	238.00	.001	238.00	.23
ANESTHESIOLOGIST	123	3,378	27,343.97	8.09	.090	222.31	.73
OUTPATIENT SURGERY	451	1,279	84,387.40	65.98	.034	187.11	2.25
PRINCIPAL SURGEON	377	468	68,233.35	145.80	.012	180.99	1.82
ASSISTANT SURGEON	3	3	491.02	163.67	.000	163.67	.01
ANESTHESIOLOGIST	114	808	15,663.03	19.38	.022	137.40	.42
DIALYSIS	15	81	3,861.68	47.68	.002	257.45	.10
PATHOLOGY	473	979	19,736.75	20.16	.026	41.73	.53
RADIOLOGY	1,644	2,647	89,944.79	33.98	.070	54.71	2.39
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	124	672		19,773.55		29.42	.018	159.46	.53
OTHER SERVICES/ALL X-OVERS	1,800	6,188		102,705.51		16.60	.165	57.06	2.73
@PHARMACY	14,642	108,994	\$	3,847,355.39	\$	35.30	2.901	\$ 262.76	\$ 102.41
PRESCRIPTION DRUGS	14,532	53,145		3,766,443.67		70.87	1.415	259.18	100.26
SNF/ICF	1,152	7,736		430,480.43		55.65	.206	373.68	11.46
OUTPATIENTS	13,402	45,409		3,335,963.24		73.46	1.209	248.92	88.80
MEDICAL SUPPLIES	679	55,849		80,911.72		1.45	1.487	119.16	2.15
@DENTIST	1,235	5,932	\$	254,081.40	\$	42.83	.158	\$ 205.73	\$ 6.76
VISITS - DIAGNOSTIC	827	3,587		52,243.90		14.56	.095	63.17	1.39
ORAL SURGERY	184	497		34,339.50		69.09	.013	186.63	.91
DRUGS	25	30		355.00		11.83	.001	14.20	.01
ANESTHESIA	13	13		1,300.00		100.00	.000	100.00	.03
PERIODONTICS	31	35		4,586.00		131.03	.001	147.94	.12
ENDODONTICS	128	254		42,325.00		166.63	.007	330.66	1.13
RESTORATIVE DENTISTRY	410	1,252		87,225.75		69.67	.033	212.75	2.32
PROSTHETICS	6	6		120.00		20.00	.000	20.00	.00
DENTURES, STAYPLATES	85	152		26,877.00		176.82	.004	316.20	.72
SPACE MAINTAINERS	5	7		684.00		97.71	.000	136.80	.02
MAXILLOFACIAL SERVICES	4	4		400.25		100.06	.000	100.06	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	46	50		3,400.00		68.00	.001	73.91	.09
ALL OTHER SERVICES	26	45		225.00		5.00	.001	8.65	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
AMADOR COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED								
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									01/29/04

37,567 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE		
@OPTOMETRIST	636	1,404	\$ 33,553.15	\$ 23.90	.037	\$ 52.76	\$.89
DIAGNOSTIC AND ANC. PROCED	366	367	15,142.88	41.26	.010	41.37	.40
EYE APPLIANCES	341	933	15,793.60	16.93	.025	46.32	.42
OTHER OPTOMETRIC SERVICES	97	104	2,616.67	25.16	.003	26.98	.07
@CHIROPRACTOR	62	86	\$ 1,326.90	\$ 15.43	.002	\$ 21.40	\$.04
VISITS	52	67	1,111.88	16.60	.002	21.38	.03
OTHER SERVICES	10	19	215.02	11.32	.001	21.50	.01
@PODIATRIST	340	396	\$ 6,207.14	\$ 15.67	.011	\$ 18.26	\$.17
MEDICINE/INJECTIONS	56	60	2,163.60	36.06	.002	38.64	.06
SURGERY/ANES.	13	17	519.17	30.54	.000	39.94	.01
RADIO./PATHOLOGY	6	7	121.10	17.30	.000	20.18	.00
OTHER	273	312	3,403.27	10.91	.008	12.47	.09
@HOME HEALTH AGENCY	44	729	\$ 27,141.15	\$ 37.23	.019	\$ 616.84	\$.72
NURSE ANESTHESIST	6	109	\$ 774.80	\$ 7.11	.003	\$ 129.13	\$.02
NURSE MIDWIFE	7	56	\$ 2,901.01	\$ 51.80	.001	\$ 414.43	\$.08
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	7	\$ 165.50	\$ 23.64	.000	\$ 82.75	\$.00
@TOTAL HOSPITAL	5,114	25,443	\$ 3,063,563.82	\$ 120.41	.677	\$ 599.05	\$ 81.55
HOSP INPATIENT TOTAL	436	2,056	2,372,802.29	1154.09	.055	5442.21	63.16
HSC HOSPITALS	129	665	773,882.36	1163.73	.018	5999.09	20.60
NON-HSC HOSPITAL TOTAL	225	901	1,499,661.27	1664.44	.024	6665.16	39.92
ACCOMMODATIONS	224	901	470,205.40	521.87	.024	2099.13	12.52
ADMINISTRATIVE DAYS	5	35	7,161.10	204.60	.001	1432.22	.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	219	866	463,044.30	534.69	.023	2114.36	12.33
ANCILLARIES	224	0	1,029,455.87	.00	.000	4595.79	27.40
INPATIENT CROSSOVERS	98	490	99,258.66	202.57	.013	1012.84	2.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,846	23,387	690,761.53	29.54	.623	142.54	18.39
MEDICAL	2,269	3,678	164,058.37	44.61	.098	72.30	4.37
SURGERY	210	239	10,585.09	44.29	.006	50.41	.28
PATHOLOGY	1,842	8,107	88,529.12	10.92	.216	48.06	2.36

RADIOLOGY	1,337	1,922		138,419.22	72.02	.051	103.53	3.68
ROOM USE	2,674	3,822		152,083.54	39.79	.102	56.87	4.05
CROSSOVERS/ALL OTH OUTPTNT	1,327	5,619		137,086.19	24.40	.150	103.31	3.65
@COUNTY HOSPITAL TOTAL	58	362	\$	27,655.01	\$ 76.40	.010	\$ 476.81	\$.74
CO HOSPITAL INPATIENT TOTAL	6	85		18,749.00	220.58	.002	3124.83	.50
HSC HOSPITALS	3	15		14,683.00	978.87	.000	4894.33	.39
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	70		4,066.00	58.09	.002	1355.33	.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	53	277		8,906.01	32.15	.007	168.04	.24
MEDICAL	23	27		832.41	30.83	.001	36.19	.02

SURGERY	9	12	475.42	39.62	.000	52.82	.01
PATHOLOGY	22	101	1,310.32	12.97	.003	59.56	.03
RADIOLOGY	12	18	2,279.02	126.61	.000	189.92	.06
ROOM USE	36	50	2,198.37	43.97	.001	61.07	.06
CROSSOVERS/ALL OTH OUTPTNT	25	69	1,810.47	26.24	.002	72.42	.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 959
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

37,567 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	5,070	25,081	\$ 3,035,908.81	\$ 121.04	.668	\$ 598.80	\$ 80.81
COMM HOSP INPATIENT TOTAL	430	1,971	2,354,053.29	1194.34	.052	5474.54	62.66
HSC HOSPITALS	126	650	759,199.36	1168.00	.017	6025.39	20.21
NON-HSC HOSPITALS TOTAL	225	901	1,499,661.27	1664.44	.024	6665.16	39.92
ACCOMMODATIONS	224	901	470,205.40	521.87	.024	2099.13	12.52
ADMINISTRATIVE DAYS	5	35	7,161.10	204.60	.001	1432.22	.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	219	866	463,044.30	534.69	.023	2114.36	12.33
ANCILLARIES	224	0	1,029,455.87	.00	.000	4595.79	27.40
INPATIENT CROSSOVERS	95	420	95,192.66	226.65	.011	1002.03	2.53
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,806	23,110	681,855.52	29.50	.615	141.88	18.15
MEDICAL	2,251	3,651	163,225.96	44.71	.097	72.51	4.34
SURGERY	201	227	10,109.67	44.54	.006	50.30	.27
PATHOLOGY	1,823	8,006	87,218.80	10.89	.213	47.84	2.32
RADIOLOGY	1,327	1,904	136,140.20	71.50	.051	102.59	3.62
ROOM USE	2,646	3,772	149,885.17	39.74	.100	56.65	3.99
CROSSOVERS/ALL OTH OUTPTNT	1,308	5,550	135,275.72	24.37	.148	103.42	3.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,168	38,468	\$ 4,102,075.40	\$ 106.64	1.024	\$ 3512.05	\$ 109.19
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	8	304	164,450.64	540.96	.008	20556.33	4.38
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,160	38,164	3,937,624.76	103.18	1.016	3394.50	104.82
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	35	366	\$ 48,091.99	\$ 131.40	.010	\$ 1374.06	\$ 1.28
HOSPITAL BASED	12	138	26,794.36	194.16	.004	2232.86	.71
HEMODIALYSIS CENTER	23	228	21,297.63	93.41	.006	925.98	.57
@REHABILITATION FACILITY	3	11	\$ 287.38	\$ 26.13	.000	\$ 95.79	\$.01
HOSPITAL BASED	3	11	287.38	26.13	.000	95.79	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	918	3,362	\$ 55,290.27	\$ 16.45	.089	\$ 60.23	\$ 1.47
PATHOLOGY	890	3,312	55,027.78	16.61	.088	61.83	1.46
XO AND OTHERS	28	50	262.49	5.25	.001	9.37	.01
@ORGANIZED OUTPATIENT CLINIC	4,526	6,907	\$ 1,022,906.71	\$ 148.10	.184	\$ 226.01	\$ 27.23
CLINIC	72	213	7,294.44	34.25	.006	101.31	.19
SURGICENTER	35	223	7,892.85	35.39	.006	225.51	.21
HEROIN DETOX CLINIC	3	21	269.43	12.83	.001	89.81	.01
RURAL HEALTH CLINIC	4,426	6,450	1,007,449.99	156.19	.172	227.62	26.82

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 960
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
AMADOR COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

37,567 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,130	172,815	\$ 571,115.60	\$ 3.30	4.600	\$ 182.47	\$ 15.20
DURABLE MED. EQUIP.	192	621	81,816.34	131.75	.017	426.13	2.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	8	3,623.72	452.97	.000	452.97	.10
MEDICAL TRANSPORTATION	437	16,117	87,770.16	5.45	.429	200.85	2.34
AMBULANCES/AIR TRANS	329	4,812	53,318.85	11.08	.128	162.06	1.42
OTHER TRANS	55	10,080	22,435.73	2.23	.268	407.92	.60
OTHER SERVICES	66	1,225	12,015.58	9.81	.033	182.05	.32
ACUPUNCTURE	10	37	643.38	17.39	.001	64.34	.02
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	67	67	6,985.00	104.25	.002	104.25	.19
IHMC,MODEL-NF,NF,AIDS,MSSP	278	3,572	135,203.96	37.85	.095	486.35	3.60
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	380	838	8,671.75	10.35	.022	22.82	.23
PHYSICAL THERAPIST	2	9	12.59	1.40	.000	6.30	.00
PORTABLE X-RAY	5	9	64.20	7.13	.000	12.84	.00
PROSTHETIST/ORTHOTISTS	41	184	27,216.96	147.92	.005	663.83	.72
PROSTHETICS	25	167	26,152.88	156.60	.004	1046.12	.70
ORTHOTICS	16	17	1,064.08	62.59	.000	66.51	.03
PSYCHOLOGIST	8	8	60.38	7.55	.000	7.55	.00
SPEECH AND AUDIOLOGY	40	92	4,807.43	52.25	.002	120.19	.13
HOSPICE SERVICES	7	151	16,703.55	110.62	.004	2386.22	.44
NONINST BIRTHING CENTERS	1	1	1,046.55	1046.55	.000	1046.55	.03
LOCAL EDUCATION AGENCIES	1,115	26,826	128,074.58	4.77	.714	114.87	3.41
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	754	124,275	68,415.05	.55	3.308	90.74	1.82
@CALIF. CHILDREN SERVICES*	199	14,660	\$ 331,055.94	\$ 22.58	.390	\$ 1663.60	\$ 8.81
@XOVER EXCLUDING STATE HOSP**	2,144	24,183	\$ 341,379.52	\$ 14.12	.644	\$ 159.23	\$ 9.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.